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ARMY MEDICAL DEPARTMENT

REPORT

FOR THE YEAR 1894.

WITH APPENDIX.

VOLUME XXXVI.

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TO THE RIGHT HONOURABLE

THE SECRETARY OF STATE FOR WAR.

MY LORD,

I HAVE the honour to submit the accompanying Report on the Health and Sanitary Condition of the Army for the year 1894.

I have the honour to be,
MY LORD,
Your Lordship's most obedient Servant,
W. A. MACKINNON,
Director-General.

MEDICAL DIVISION, WAR OFFICE,
4th December 1895.

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ARMY MEDICAL DEPARTMENT
REPORT FOR 1894.

HEALTH OF THE TROOPS AT HOME AND ABROAD.

Troops at Home and Abroad.

The statistics of the troops serving in the United Kingdom during 1894, compare favourably with those of the preceding year. There were, however, 11 cases of small-pox, the highest number of admissions recorded in any year since 1888; but in other eruptive fevers the decrease is very marked. Enteric fever also shows a definite decrease, although an outbreak of the disease occurred at Caterham, due to the pollution of drinking water; on a supply being obtained from another source no further cases occurred. Influenza showed a large decrease as compared with 1893. Venereal disease also declined.

In the Colonies, the general health, in the majority of cases, shows improvement in comparison with 1893: in Egypt the improvement was marked, as was also the case in Mauritius; the variation at other stations was not great either way. An epidemic of bubonic plague appeared at Hong Kong, following the outbreak at Canton. The disease, which was practically confined to the Chinese, was of a very severe type, but some soldiers who were employed on working parties were attacked by it, and the death of an officer was due to this cause.

Bengal shows an increased rate of sickness when compared with that in 1893 and the average of the preceding 10 years, the principal factors in the increase being malarial fevers and venereal disorders. A severe outbreak of cholera occurred with a very high per-centage of mortality. The great majority of the cases took place in the 3rd quarter of the year, but no quarter was entirely free. At Lucknow no less than 144 cases occurred, 97 of which proved fatal. An investigation was held as to the probable cause of the outbreak; as regards the attacks in the infantry regiment, the Committee was of opinion that the sand in the filter beds attached to the wells was contaminated with the cholera microbe. In other instances no definite conclusion was arrived at. The statistics of sickness in Madras show increase on the preceding year, the chief causes of such increase being, as in Bengal, malarial fevers and venereal disease. The health of the troops in Bombay compares somewhat unfavourably with 1893 and the previous 10 years, and the causes of increased inefficiency are the same as in the other two presidencies, but more especially in the case of venereal affections; enteric fever also contributed towards the increased rates of sickness and mortality.

Troops at Home and Abroad.

The statistics of some of the most important of the results of sickness, in every Command in which the troops were stationed, are exhibited in the following Table :—

1894.

European Troops.	Average Strength.	Admitted into Hospital.	Died.	Sent Home as Invalids.	Discharged as Invalids.	Constantly non-effective from Sickness.
Troops at Home and Abroad - -	**203,469**	**200,477**	**1,803**	**2,307**	**3,097**	**12,261·87**
United Kingdom -	99,360	65,168	377	—	1,737	4064·64
Gibraltar - -	4,704	3,916	14	64	49	277·57
Malta - - -	7,911	5,059	46	90	47	358·85
Cyprus - - -	579	317	2	10	11	21·64
Egypt - - -	5,226	5,489	45	69	48	402·86
Canada - - -	1,443	664	6	16	14	30·60
Bermuda - -	1,410	678	12	7	6	35·98
West Indies - -	1,337	1,597	10	26	16	82·95
South Africa and St. Helena - -	3,172	2,754	20	50	35	174·75
Mauritius - -	583	759	6	12	8	41·92
Ceylon - - -	1,411	1,322	15	32	14	76·37
China - - -	1,446	2,035	26	100	26	112·75
Straits Settlements -	1,317	1,008	12	23	9	71·16
India - - -	70,983	106,967	1,193	1,808	1,077	6509·83
On board Ship - -	2,587	2,744	19	—	—	—

1894.

European Troops.	Ratio per 1,000 of Strength.					Average sick-time to each Soldier.	Average duration of each Case of Sickness.
	Admitted.	Died.	Sent Home as Invalids.	Discharged as Invalids.	Constantly non-effective from Sickness.		
	*	†	‡	§	‖	Days.‖	Days.‖
Troops at Home and Abroad -	**985·3**	**8·75**	**22·72**	**15·23**	**61·04**	**22·28**	**22·63**
United Kingdom -	655·9	3·70	—	17·06	40·91	14·93	22·77
Gibraltar - -	832·5	2·97	13·60	10·42	59·01	21·54	25·87
Malta - - -	639·5	5·81	11·38	5·94	45·36	16·55	25·89
Cyprus - -	547·5	3·45	17·27	19·00	37·37	13·64	24·91
Egypt - - -	1050·3	8·61	13·20	9·18	77·09	28·14	26·79
Canada - -	460·1	4·16	11·09	9·70	21·20	7·74	16·82
Bermuda - -	480·8	8·51	4·96	4·26	25·52	9·31	19·37
West Indies - -	1194·5	7·48	19·45	11·97	62·04	22·64	18·95
South Africa and St. Helena - -	868·2	6·31	15·76	11·03	55·09	20·11	23·16
Mauritius - -	1301·9	10·29	20·58	13·72	71·90	26·24	20·16
Ceylon - -	936·9	10·63	22·68	9·92	54·12	19·76	21·09
China - - -	1407·3	17·98	69·16	17·98	77·97	28·46	20·22
Straits Settlements -	765·4	9·11	17·46	6·83	54·03	19·72	25·76
India - - -	1506·9	16·81	25·47	15·17	91·71	33·47	22·21
On board Ship -	1060·7	7·34	—	—	—	—	—

* Calculated on strength, excluding men detached (2,481).

† Calculated on strength, including men detached.

‡ Calculated on strength, excluding United Kingdom and troops on board ship.

§ Calculated on strength, including men detached, and excluding troops on board ship.

‖ Calculations exclude men detached and troops on board ship.

Troops at Home and Abroad.

1884 to 1893.

European Troops.	Aggregate strength for 10 years.	Admitted into Hospital.	Died.	Sent Home as Invalids.	Discharged as Invalids.	Constantly non-effective from Sickness.
Troops at Home and Abroad	**1,879,635**	**1,985,268**	**18,219**	**24,514**	**28,949**	**108,575**
United Kingdom	966,275	764,831	5,281	—	16,404	43,175
Gibraltar	46,503	35,147	233	1,005	402	2,121
Malta	62,103	41,972	523	1,347	780	2,731
Cyprus	6,197	5,045	50	117	54	267
Egypt	53,728	65,621	1,109	3,324	1,279	8,895
Canada	13,472	7,297	63	223	206	400
Bermuda	13,912	7,933	146	189	183	410
West Indies	10,838	11,520	101	224	146	628
South Africa and St. Helena	34,240	28,755	242	952	559	1,824
Mauritius	4,671	7,191	82	268	82	341
Ceylon	11,075	11,540	130	238	143	650
China	12,674	14,673	135	295	287	692
Straits Settlements	11,286	12,946	76	240		769
India	606,344	941,417	9,868	16,092	8,474	50,672
On board Ship	26,317	29,380	180	—	—	—

1884 to 1893.

European Troops.	Ratio per 1,000 of Strength.					Average sick-time to each Soldier.	Average duration of each Case of Sickness.
	Admitted.	Died.	Sent Home as Invalids.	Discharged as Invalids.	Constantly non-effective from Sickness.	Days.	Days.
Troops at Home and Abroad	**1056·2**	**9·60**	**27·63**	**15·47**	**58·58**	**21·38**	**20·26**
United Kingdom	791·5	5·36	—	16·67	44·68	16·31	20·60
Gibraltar	755·8	5·01	21·61	8·64	45·61	16·65	22·03
Malta	675·8	8·42	21·69	12·56	43·97	16·05	23·80
Cyprus	814·1	8·07	18·88	8·71	43·08	15·73	19·32
Egypt	1221·4	20·64	61·87	23·78	72·49	26·46	21·66
Canada	541·6	4·68	16·55	15·29	29·69	10·84	20·01
Bermuda	570·2	10·49	13·58	9·56	29·47	10·76	18·86
West Indies	1062·9	9·32	20·67	13·47	57·94	21·15	19·90
South Africa and St. Helena	839·8	7·07	27·80	16·33	53·27	19·44	23·15
Mauritius	1539·5	17·55	57·37	17·55	73·00	26·65	17·31
Ceylon	1042·0	11·74	21·49	12·91	58·69	21·42	20·56
China	1157·7	10·65	23·28	11·98	54·60	19·93	17·21
Straits Settlements	1147·1	6·73	21·26		68·12	24·86	21·68
India	1552·6	16·27	26·54	13·97	83·57	30·50	19·65
On board Ship	1116·4	6·84	—	—	—	—	—

II.—ON THE HEALTH OF THE TROOPS SERVING IN THE UNITED KINGDOM.

Sickness and Mortality.

---

d
dom.

The average strength of warrant officers, non-commissioned officers and men who served in the United Kingdom during the year 1894 was 99,360, according to the returns furnished by medical officers. In addition to this there were certain men detached from their corps, the average number of whom is computed to have been 2,481.

The following table gives the most important of the statistics of sickness and mortality among the troops quartered in the three great divisions of the kingdom, England and Wales, Scotland, and Ireland, and also among those in the United Kingdom as a whole:—

1894.	Average Strength.	Admissions.	Deaths.	Invalids.	Constantly Sick.
England and Wales - -	71,355	48,545	253	1,325	3065·50
Scotland - - - -	3,550	2,083	22	65	105·05
Ireland - - - -	24,455	14,510	102	347	894·09
United Kingdom -	99,360	65,168	377	1,737	4064·64

(*continued.*)

1894.	Ratios per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.
	Ad-missions.	Deaths.*	In-validing.*	Con-stantly Sick.		
					Days.	Days.
England and Wales - -	680·3	3·48	18·22	42·96	15·68	23·05
Scotland - - - -	586·8	6·15	18·17	29·59	10·80	18·41
Ireland - - - -	594·6	3·99	13·57	36·56	13·34	22·44
United Kingdom -	655·9	3·70	17·06	40·91	14·93	22·77

* Calculated on strength, including men detached (England and Wales, 1,349; Scotland, 27; Ireland, 1,105), 2,481 in number.

Comparing the above with the corresponding table in the previous year it is observed that in England and Wales the admission rate shows a decrease of 110·5 per 1,000, the death rate one of 1·95, and the constantly sick rate one of 3·94 per 1,000. The average sick time to each soldier was shorter by 1·44 days, but the average duration of each case of sickness was longer by 1·40 days. Compared with average ratios for the preceding 8 years there was decrease of 122·0 per 1,000 in admission rate, and of 1·89 and 3·13 respectively in the ratios of mortality and constantly sick. The average sick time to each soldier and the average duration of each case of sickness showed a decrease of 1·14 in the former instance, but in the latter an increase of 2·08 days occurred.

United Kingdom.

The admission rate in Scotland was lower than that in the preceding year by 41·7 per 1,000, and the death rate fractionally higher, but the ratio of constantly sick shows an increase of 2·67. The average sick time to each soldier was longer by ·97 of a day, and the average duration of each case of sickness by 2·77 days. Compared with corresponding average ratios for eight years preceding a decrease of 75·7 per 1,000 is observed in the admission rate, but an increase of ·56 in the mortality rate, and a fractional one in the ratio of constantly sick. The average sick time to each soldier was longer by ·04 of a day, and the average duration of each case of sickness by 2·17 days.

In Ireland as compared with the return for the preceding year a decrease of 57·9 per 1,000 is observed in the admission rate, in the death rate one of ·14, and in the ratio of constant inefficiency through sickness one of 1·65 per 1,000. The average sick time to each solder was shorter by ·61 days, and the average duration of each case of sickness longer by 1·07 days than the corresponding period in the preceding year. In comparison with average ratios for the previous eight years a decrease of 115·1 per 1,000 is observed in the admission ratio, one of ·77 in the mortality rate, and one of 3·00 in the ratio of constantly sick. The average sick time to each soldier was shorter by 1·10 days, and the average duration of each case of sickness was longer by 2·10 days.

The admission ratio for the United Kingdom taken as a whole shows a decrease of 95·7 per 1,000 as compared with the previous year's result, the death rate shows a decrease of 1·43, and the rate of constant inefficiency through sickness one of 3·19. The average sick time to each soldier was shorter than in the preceding year by 1·17 days, and the average duration of each case of sickness longer by 1·25 days. Compared with corresponding ratios for the preceding ten years a decrease is observed in all the rates of sickness and mortality, being 135·6 per 1,000 in the case of admission, 1·66 in that of mortality, and 3·77 in that of constant inefficiency through sickness. The average time to each soldier was shorter by 1·38 days, but the average duration of each case of sickness was longer by 2·17 days than the corresponding decennial average periods.

The total loss by death and final discharge from the service on account of medical unfitness was 2,114 men, being in the ratio of 20·76 per 1,000 of strength, which is fractionally lower than the ratio in the previous year.

The more important statistics of sickness, mortality, and invaliding according to the different groups and orders of diseases are given for the whole of the troops in the United Kingdom in Abstract I., and for the troops quartered in the three great divisions of the kingdom, England and Wales, Scotland, and Ireland, in Abstracts A., B., and C.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—The admissions for *eruptive fevers* numbered 790, and there were 3 deaths. The ratios per 1,000 of strength were, therefore, 7·9 and ·03 respectively, as compared with 14·7 and ·14 per 1,000 in the previous year, and with 9·2 and ·05, the average rates for the preceding eight years.

There were 11 cases of *small-pox* recorded during the year; in the previous year 8 cases occurred, and the average number for the preceding eight years was 6.

The cases occurred at the following stations, viz.:—5 at Maidstone, where it appears to have been introduced by a militiaman who came up for training while suffering from the disease; 2 at Bury, Lancashire, where it was stated to have been prevalent amongst the civil population; and single cases occurred at Preston, Warley, Edinburgh Castle, and Dublin respectively.

Scarlet Fever caused 233 admissions and 3 deaths, being in the ratios of 2·3 and ·03 per 1,000 respectively. In the preceding year there were 843 cases and 14 deaths, the admission ratio being 8·4, and the death rate ·14, while those of the average of the preceding eight years were 3·3 and ·04 per 1,000. Of the cases, 168 occurred in England and Wales, 15 in Scotland, and 50 in Ireland, as compared with 764, 7, and 72 respectively in the preceding year. All of the districts, the Channel Islands excepted, were affected to a greater or less extent. The greatest number of cases in any one station was 45 at Aldershot, of which none proved fatal; the disease was, in the earlier portion of the year, present in an epidemic form. At Woolwich there were 30 cases

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with 1 death, at Portsmouth there were 11 cases, and at Chatham there were 10, one of which proved fatal.

Measles was the cause of 92 admissions, but no death occurred; in the preceding year there were 157 admissions and no death. The admission ratio, ·9 per 1,000, is lower than that in the previous year by ·6, and lower than the average rate of the preceding eight years by 1·0. The number of admissions in England and Wales was 80, in Ireland 12, and in Scotland *nil*, as compared with 130, 23, and 4 respectively in the preceding year.

There were three admissions for epidemic rose-rash, and of the remaining admissions for eruptive fevers, 10 were for chicken-pox and 441 for cow-pox; the numbers for those diseases having been 9 and 440 respectively in the previous year.

Enteric Fever.—The admissions for this disease numbered 124, and the deaths 21; in the preceding year the corresponding numbers were 151 and 22. The admission ratio, 1·3 per 1,000, is lower by ·2 than in the previous year, and identical with the average of the preceding ten years. The mortality rate, ·21 per 1,000, is the same as in 1893; but is ·08 below the decennial average rate. The per-centage of mortality to attack was 16·9 as compared with 14·6 in the previous year, and 21·6 the average for ten years. In England and Wales alone 87 admissions and 11 deaths occurred, equal to ratios of 1·2 and ·15 per 1,000 respectively. In the previous year the cases were 103 and the deaths 16 in number, the ratios also being 1·4 and ·22. In Scotland there was only one admission, the ratio was ·3 per 1,000. In Ireland there were 36 admissions and 10 deaths as compared with 45 and 6 respectively in the previous year. The admission ratio, 1·5 per 1,000, is therefore lower by ·3 but the death rate, ·39 per 1,000, higher by ·16. The mortality to attack in England was 12·6 per cent., a decrease of 2·9, and that in Ireland 27·8, an increase of 14·5 per cent. Not one of the administrative districts were free from this disease, and the number of stations in which it appeared was 36. As in several preceding years, the station showing the greatest prevalence of enteric fever was Dublin, but in this respect a great improvement is shown when compared with previous years. There were in all 24 cases, 16 of which were treated in the Royal Infirmary. The medical officer reports that the disease was not due to any sanitary defect in barracks, but in many of the cases it may have been caused by emanations from insanitary drains in the city, and from the River Liffey, which is nothing more nor less than an open fœcal drain when the tide is out. In the other cases, 4 of which were treated at Portobello, 2 at Arbor Hill, and 2 at Richmond Barracks, the origin could not be traced. There were 5 deaths.

A serious outbreak of the disease occurred at Caterham where 21 cases were admitted into hospital, two of which terminated fatally. The water supply, which was derived from the neighbouring Metropolitan Asylum well, was discovered to be contaminated with sewage; the use of this water was at once discontinued, and a supply obtained from the East Surrey Waterworks, when the admissions ceased. An outbreak also occurred amongst the inmates of the asylum, which confirms the opinion that this was the source of the disease.

At Parkhurst, Isle of Wight, 9 cases occurred, where, also, the disease was attributed to the pollution of drinking water, but in addition to the change of water supply other sanitary precautions were carried out with satisfactory results. At Aldershot 7 cases were admitted, but the origin is not defined. At Shoeburyness 6 admissions occurred, which are variously attributed to an insanitary sink, insanitary condition of neighbouring villages, and to eating shell fish collected on the beach.

There were 4 cases each at Devonport and Gosport, 3 of which originated on board ship; in one case the leakage of a soil pipe was the suspected cause; in the remaining cases no sanitary defect could be discovered; the majority were believed to have been contracted out of barracks, and could not be satisfactorily traced.

Other Continued Fevers were the cause of 255 admissions, being in the ratio of 2·6 per 1,000, which is below the rate in the previous year by 2·0, and below
verage rate for the preceding eight years by 3·3. In England and Wales
he admission ratio was 2·5 per 1,000, a decline of 2·2 from that in the
is year, and below the average rate of the previous eight years by 1·8.

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In Scotland the ratio, 3·9 per 1,000, is lower than in 1893 by ·5, and than the average rate by 3·2. In Ireland the ratio was 2·5 per 1,000, lower than in the preceding year by 1·8, and below the average rate by 4·9. With regard to the different districts it is observed that the highest admission ratio, 6·5 per 1,000, was in the North-western district, followed by 5·7 in the Southern district. In the Curragh, Woolwich, and Aldershot districts, the admission rates were ·5, ·6 and ·8 respectively.

Dysentery.—42 admissions are shown under this head, being in the ratio of ·4 per 1,000, which is below the previous year's ratio by ·1, and the average by ·4. In England there were 33 cases, equal to ·5 per 1,000; in Scotland there were 4 cases, or 1·1 per 1,000.; and in Ireland there were 5 cases, or ·2 per 1,000. The greatest number of cases in any district was 9 in the Southern, which gave an admission ratio of 1·1 per 1,000; next came 7 cases in the Western district, or 1·0 per 1,000, followed by 4 each in the South-eastern and Woolwich districts, with ratios of ·6 and ·8 respectively. In the North-eastern, the Home, Channel Islands, and the Curragh districts, no cases occurred.

Influenza.—The number of admissions in all was 892, and 2 deaths are recorded. The ratio of admission was 9·0, and that of death ·02 per 1,000. In England and Wales there were 726 cases, equal to an admission rate of 10·2 per 1,000, In Scotland there were only 6 cases, or 1·7 per 1,000, and in Ireland there were 160 cases, or at the rate of 6·5 per 1,000. Both of the deaths occurred in England. No district was entirely free from the disease, although in one district, that of Belfast, only one case is returned.

In the previous year the total number of admissions for this disease, in the United Kingdom, was 1,676, giving a ratio per 1,000 of 16·7.

In 1892 there were 1,795 admissions with a ratio of 17·9; in 1891, 1,913 admissions were recorded with a ratio of 19·3, while in 1890, when a great epidemic of the disease occurred, there were 6,584 cases with the ratio of 65·7.

The admissions for other diseases of the first sub-group were 40, giving a ratio of ·4 per 1,000. Of the cases, 37 were in England, 1 in Scotland, and 2 in Ireland. The diseases were, mumps 32 cases, and diphtheria 8 cases with 2 deaths. The cases of diphtheria occurred as follows: three at Aldershot, two at Netley, and one each at Norwich, London, and Woolwich. One of the fatal cases occurred at Aldershot and the other at Woolwich.

Malarial Fevers.—The number of admissions was 494, and there was one death. The ratio of admission was 5·0, which is lower than in the previous year by ·9, and by 2·0 than the average rate for the preceding eight years. In England and Wales the admissions numbered 429, equal to 6·0 per 1,000, which is lower than in the previous year by ·8, and than the average rate of the eight years preceding by 1·4. In Scotland there were 13 admissions, or 3·7 per 1,000, a fractional decrease on the last year's rate, though above the average rate. In Ireland 52 cases gave a ratio of 2·1 per 1,000, a decrease of 1·1 on the last year, and also below the average rate. Out of the total number of admissions for malarial fevers, only six are returned under the head of remittent fever, the remainder being cases of ague, together with a few cases shown as malarial cachexia. The death is recorded under the latter heading.

Septic Diseases.—125 admissions and 6 deaths are recorded, being in the ratios of 1·3 and ·06 per 1,000, as compared with 2·4 and ·15 in the preceding year, and with average rates of 2·5 and ·08 respectively. In England and Wales alone there were 92 admissions and 5 deaths, being equal to ratios of 1·3 and ·07 per 1,000 respectively. In the previous year the admission ratio was 2·3, and the death rate was ·19. In Scotland there were 6 admissions and one death, the ratio of admission being 1·7 and that of death ·28 per 1,000, almost identical with those of the preceding year. In Ireland there were 27 cases, but there was no death, being in the ratio of 1·1 per 1,000, as compared with 2·7 in 1893. Erysipelas alone caused 122 admissions and 3 deaths, the admission ratio, 1·3 per 1,000, being below that in the preceding year by 1·0. There was one admission each for phagedæna, pyæmia, and septicæmia, all of which proved fatal.

Venereal Diseases.—The admission for *primary syphilis* were 4,737 in number, equal to a ratio of 47·7 per 1,000, which is lower than the corresponding rate in the previous year by 9·2, and below the average rate of the preceding eight

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years by 30·2. The ratio of men constantly sick was 4·90 per 1,000, which is lower than in the previous year by [illegible] and than the average rate by 2·28. In England and Wales alone the admission ratio was 52·2 per 1,000, and the constantly sick rate 5·44, which are lower than the similar rates in the preceding year by 13·3 and 1·23 respectively, and below, by 21·8 and 1·43 respectively, the corresponding average ratios. In Scotland there is an increase of 14·3 per 1,000 in the admission rate, as compared with that in the previous year, and one of 8·9 in the average rate. The ratio constantly sick also shows an increase of 1·38 on last year's rate and one of ·98 on the average. The admission rate in Ireland was 35·5, and the constantly sick rate 3·54 per 1,000, in both instances fractionally below the previous year's ratios and below the octennial average rates by 21·4 and 1·64 respectively.

Simple venereal ulcer caused 2,071 admissions, and 181·19 men were constantly sick from this affection; the ratios per 1,000 were 20·8 and 1·82.

The numbers of admissions and constantly sick in England and Wales were 1,674 and 149·04, giving ratios of 23·5 and 2·09 per 1,000 respectively. In Scotland there were 72 admissions, and 5·22 men were constantly sick, the ratios being 20·3 and 1·47. In Ireland the admissions numbered 325, giving a ratio of 13·3 per 1,000, and the constantly sick 26·93, with a ratio of 1·10. Adding the sickness for this affection to that for primary syphilis, the admission ratio for primary venereal sores in the United Kingdom was 68·5 per 1,000, or less by 6·0 than the corresponding rate of the previous year, and than the average of the preceding eight years by 34·0. The constantly sick ratio was 6·72, lower than that of the previous year by ·40, and than the average rate by 2·23. England and Wales gave an admission rate of 75·7, and a constantly sick rate of 7·53, which are less than those of the previous year by 7·8 and ·51, and than those of the previous eight year's average by 20·6 and ·97 per 1000. In Scotland the admission rate was 60·3, and that of constantly sick 4·94 per 1,000, which shows an increase in the former instance of 16·2, and in the latter one of 1·97; there is also an increase in both instances on the average ratios, equal to 6·2 and 1·07. In Ireland the admission ratio was 48·8, and that of constantly sick 4·64 per 1,000, lower than the corresponding ratios of the preceding year by 3·4 and ·33, and than those of the eight years' average by 27·2 and 1·84.

Secondary Syphilis.—The admissions in the United Kingdom for this cause were 3,456 in number, and there were 6 deaths. The ratio of admission was 34·8, and that of constant inefficiency 3·89 per 1,000, which are higher than the corresponding ratios in the previous year by 3·0 and ·58, but compared with corresponding ratios for the preceding eight years the admission rate is lower by 6·8, while that of constantly sick is almost identical. In England and Wales the ratios of admission and constantly sick were 39·4 and 4·51, showing an increase of 4·3 and ·77 on the previous year's ratios, and of ·5 and ·84 on the average ratios for the preceding eight years.

Scotland gave ratios of 27·3 and 1·99 respectively for admissions and constantly sick, higher than in the previous year by 8·9 and ·70, but lower than the average by 3·6 and ·21 per 1,000.

In Ireland the admission rate was 22·4, and the constantly sick rate 2·35 per 1,000, showing a decline on the previous year's ratio of 1·7 in the case of admission, while the constantly sick rate is almost identical; in comparison with the average rates there is decrease in both instances of 7·3 and ·31.

Gonorrhœa.—The admissions are shown as 7,858, and the constantly sick 577·62, taking the United Kingdom as a whole. The admission ratio, therefore, was 79·1, and the constantly sick rate 5·81 per 1,000. Compared with corresponding ratios in the preceding year a decrease of 9·2 is observed in the admission rate and one of ·44 in the constantly sick rate, and compared with similar average ratios for the preceding eight years the rate of admission shows a decline of 28·3, and that of constantly sick one of 1·27 per 1,000. England and Wales alone gave an admission rate of 82·5, and a constantly sick rate of 6·16 per 1,000, below the ratios of the previous year and the eight years' average rates, in the former instance by 11·3 and ·48, and in the latter by 14·2 and ·27. In Scotland the admission and constantly sick ratios were 84·2 and 5·19 respectively; in comparison with those of 1893, the former shows a decrease of 2·3, but the latter an increase of ·38, while compared with the average

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ratios for the previous eight years an increase in both instances is shown, equal to 10·9 and 1·53 per 1,000. The admission rate in Ireland was 68·5, and that of constantly sick 4·90 per 1,000, showing a decline on the previous year of 3·8 and ·42, and on the eight years' average of 20·5 and ·97 per 1,000.

Taking all forms of venereal diseases together the admissions numbered 18,122, and the constantly sick 1632·06. The total ratios of admission and constantly sick, therefore, were 182·4 and 16·42 per 1,000, which are below the corresponding rates in the previous year by 12·2 and ·26, and the average rates for the preceding eight years by 69·1 and 3·45. In England and Wales alone the admission rate was 197·5, and the constantly sick rate 18·19 per 1,000, as compared with 212·4 and 18·42 in the previous year, and with 231·9 and 18·60, the average ratios of the previous eight years. In Scotland the total admission rate was 171·8 per 1,000, which is above the corresponding rate in 1893 by 22·8, and the average rate by 13·5. The total constantly sick rate was 12·12 per 1,000, an increase of 3·05 on the rate in the preceding year, and of 2·39 on the average rate. In Ireland the total admission rate was 139·7, and the total rate of constant inefficiency 11·89 per 1,000, as compared with 148·6 and 12·62 in the preceding year respectively, and with 194·7 and 15·01, the average rates for the previous eight years.

The greatest prevalence of venereal disease was in the North-eastern district, the ratio of admission being 263·0, followed by the Woolwich district with 243·6, and the Home and Western districts with 233·4 and 221·2 respectively. The districts showing the lowest admission ratios were Cork with 91·9, Curragh 114·7, Belfast 131·1, and South-eastern with 138·5. In the previous year the highest ratios of admission were in the Channel Islands, Home, Eastern and Woolwich districts; while the lowest, with a ratio almost identical with the year under report, was in Cork.

Compared with corresponding rates in the previous year, increase of admission rate is shown in the North-eastern, Scottish and Southern districts, viz., 52·9, 22·8, and 8·8 respectively. In all the remaining districts, a decrease is observed, particularly in the Channel Islands, Home and Eastern districts with 120·4, 57·8 and 49·4, followed by the Thames district with 27·7, the South-eastern with 19·2, the Belfast with 18·2, Dublin with 17·9, &c., &c., Cork showing the least change, having decreased ·5 only.

Parasitic Diseases.—There were 42 admissions under this head, all but five of which were for tænia solium. In the previous year only 27 admissions are recorded.

In the following sub-group, diseases due to errors in diet, 4 admissions are shown under the heading of *scurvy*, compared with 1 in the previous year. *Alcoholism* was the cause of 133 admissions, and 3 deaths, ; 10 of the admissions and 1 of the deaths were due to delirium tremens; the ratio per 1,000 of admissions was 1·3, and that of death ·03.

Debility and *malformations* contributed 658 cases, giving a ratio 6·6 per 1,000 which is fractionally below last year's rate. Out of the total number of admissions 32 were cases of malformation.

Rheumatism.—3,023 admissions are recorded under this head with 5 deaths. The admission ratio was 30·4, and that of death ·05 per 1,000, which are below last year's rates by 5·7 and ·03 per 1,000. In comparison with the eight years' average ratios, the admission rate shows a decrease of 12·2, while the death rate is exactly the same.

England and Wales show an admission rate of 32·2, which is 6·1 below that of the previous year, and below the average rate by 7·3 per 1,000. Scotland gives an admission rate of 24·8, above the previous year's rate by 4·9, but below the average by 2·1. In Ireland the ratio was 26·2, a decrease as compared with that of the previous year, and the average rate of 5·4 and 6·3 per 1,000. Out of the total number of admissions 217 are shown under rheumatic fever, of which 168 occurred in England, 6 in Scotland, and 43 in Ireland. Of the deaths 4 occurred in England, and one in Ireland.

Tubercular Diseases.—Under this head 313 admissions and 81 deaths are recorded; 9 of the latter occurred in men absent from their corps. The admission rate for the United Kingdom was 3·2, and the death rate ·80 per 1,000, as compared with 3·1 and ·76 in the previous year, and with 4·0 and ·94 respectively, the average ratios of the preceding eight years. In England [illegible] the ratios of admission and death were 3·0 and ·62 per 1,000 respectively, compared with 3·1 and ·71 in the previous year, and 3·6 and ·99 in the octennial period. In Scotland these ratios were 4·2 and 1·96, compared with 2·3 and 1·17 in 1893, and 3·1 and ·81 the average rate. In Ireland the admission rate was 3·5, and that of death 1·14, both of which are in excess of those of the preceding year by ·4 and ·27, and of the average rates by ·2 and ·29 per 1,000. Of the total number of admissions, 298 were shown as tubercle of lung, and of the deaths 71 are given under this heading.

Other diseases of this group were the cause of 458 admissions and 8 deaths, giving ratios of 4·6 and ·08 respectively; the death ratio is ·09 below that in the previous year, but that of admission is exactly the same. The cases included 318 of non-malignant new growth, 79 of anæmia, 37 of scrofula, 8 of malignant disease, and 3 of diabetes.

The deaths were due to malignant disease in 5 cases, diabetes in 2, and 1 was caused by purpura.

LOCAL DISEASES.—*Diseases of the Nervous System.*—These diseases were the cause of 766 admissions and 32 deaths in the United Kingdom, the respective ratios being 7·7 and ·31 per 1,000, compared with 8·2 and ·31 in the previous year, and with 10·2 and ·34 the eight years' average rate.

England and Wales gave admission and death ratios of 7·9 and ·30, which are below those of the previous year by ·6 and ·05 respectively, while compared with the octennial rates decrease of 1·2 and ·06 has occurred.

In Scotland the admission rate was 7·3, and the death rate 1·40, compared with 10·3 and ·58 in 1893, and with 8·6 and ·27, the average of the preceding eight years. Ireland shows ratios of 6·6 and ·19 for admissions and deaths, the former being lower by ·8, and the latter higher by ·03 than the similar ratios in the preceding year, and both below the average ratios, by 1·9 and ·11 per 1,000. Mental disease alone caused 105 admissions, giving a ratio of 1·1 as compared with 1·4 in the previous year. In England and Wales the ratio was ·9 as compared with 1·3 in the previous year. In Scotland it was 1·4, less by ·7 than in 1893; and in Ireland 1·3, which is ·3 less than the preceding year's rate. Neuralgia contributed the greatest number of admissions 321, epilepsy furnished 124, vertigo 71, paralysis 39, inflammation of the brain and its membranes 38, and apoplexy 8 cases. The causes of death were, inflammation of the brain and its membranes 15 cases, apoplexy 6, abscess of brain 4, and hæmorrhage of brain, epilepsy and paralysis 2 respectively, while one death is shown under mania, in which epilepsy was the concurrent physical disease.

Diseases of the Eye were the cause of 1,125 admissions, being in the ratio of 11·3 per 1,000, which is an increase on that of the previous year of ·6, but below the average by 2·3 per 1,000. England and Wales gave a ratio of 11·2, which is above that of 1893 by ·6, but below the average rate by ·7. Scotland gave a rate of 6·8, compared with 8·8 in the previous year and 9·8 the octennial average rate. In Ireland the admission rate was 12·4, the previous year's rate being 11·1 and that of the average 12·1. Of the total number of admissions under this head 674 were due to simple conjunctivitis, 87 to iritis, and the remainder were for various affections.

Diseases of other Organs of Special Senses.—797 admissions are recorded under this head, giving a ratio of 8·0. In the previous year the ratio was 9·0, and that of the octennial period 8·7 per 1,000. In England the ratio was 8·8, less by 1·3 than that of 1893, but more by ·8 than that of the preceding eight years. In Scotland the admission ratio was only 4·2, which is, however, above the previous year's ratio by ·4, but below the average rate by 1·4 per 1,000. Ireland furnished a ratio of 6·4 per 1,000, fractionally above last year's rate and below the average by nearly the same amount.

Of the admissions 29 were nasal affections, the remainder were aural disease, 516 of which are shown as inflammation of external meatus, and 138 were due to inflammation and perforation of the membrana tympani. One death was due to aural disease.

Diseases of the Circulatory System gave rise to 983 admissions and 32 deaths, equal to ratios of 9·9 and ·31 per 1,000 respectively, as compared with 9·4 and ·43 in the previous year and 11·0 and ·41 the octennial average rates. England and Wales gave admission and mortality rates of 10·2 and ·30

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respectively, the former being higher than in the previous year by ·4, and the latter lower by ·26; both are below the average rates by ·2 and ·14 per 1,000. Scotland had a ratio of 6·8 for admission, but *nil* for death, which is almost identical with the result of the previous year, and compares favourably with 9·5 and ·44 the average ratios of admission and mortality for the preceding eight years. In Ireland the admission and mortality ratios for the year under report were 9·4 and ·39 per 1,000 respectively, which are higher by 1·0 and ·27 than those of the previous year, and by 1·0 and ·05 than the octennial average rates. Palpitation and valvular disease of the heart, were, as usual, the chief causes of admission, furnishing 390 and 365 cases respectively, and varicose veins followed with 156 cases. The causes of death were valvular disease of the heart 17 cases, aneurysm 6, fatty degeneration of the heart 5, syncope 2, dilatation of the heart and hydropericardium one case respectively.

Diseases of the Respiratory System.—The admissions recorded under this head were 4,425 in number and 64 deaths occurred, the respective ratios being 44·5 and ·63 per 1,000, showing a decrease in both instances on those of the previous year of 16·7 and ·66 and on the average rates of 32·3 and ·76 per 1,000. In England and Wales the ratios were, for admissions 43·4 and for deaths ·67, compared with 59·9 end 1·43 and with 69·4 and 1·47 the ratios of the previous year and the octennial average rates. Scotland gave ratios of 43·9 and ·56 per 1,000 for admissions and deaths, less by 8·1 and ·90 respectively than the corresponding ratios in the previous year, and than the rates for the previous eight years by 14·9 and 1·10. The ratios for death and mortality in Ireland were 47·8 and ·51 per 1,000 respectively, showing a decrease of 18·7 in the former and one of ·36 in the latter when compared with similar ratios for 1893, and of 14·1 and ·64 in comparison with those for the preceding eight years. As usual the majority of the admissions, 3,423, were due to bronchitic affections, and of the remainder there were 506 for pneumonia, 246 for pleurisy, 111 for laryngitis, and 44 for asthma. The deaths were due to pneumonia in 43 cases, to pneumonic phthisis in 8, to bronchitis in 5, and to pleurisy in 4, while hæmorrhage of lung, passive congestion of lung, empyema and emphysema caused one death respectively.

Diseases of the Digestive System were the cause of 9,245 admissions and 28 deaths, the ratios per 1,000 being 93·1 and ·27 respectively, below similar ratios in the previous year by 35·9 and ·15, and less than the octennial average ratios by 30·8 and ·09 per 1,000. In England and Wales the ratios per 1,000 for admission and death were 94·2 and ·25, showing decrease of 44·0 and ·20 on the ratios for 1893, and of 20·0 and ·14 when compared with the eight years' average rates. Scotland gave ratios of 91·0 and ·56; lower by 14·2 and ·02 than the previous year's ratios, and by 3·4 in the admission ratio. Compared with the octennial rate, with which, however, the mortality rate shows an increase of ·19. In Ireland these ratios were 90·0 and ·31 respectively compared with 105·2 and ·31 in the previous year and 93·7 and ·28 the average rates. Affections of the mouth and throat caused over two-thirds of the admissions, dyspepsia gave 960 cases, hepatic affections 418, diarrhœa 389, and hernia 380. The deaths were peritonitis 7, abscess of liver 5, yellow atrophy of liver 4, cirrhosis of liver 2, and hepatitis 1, while obstruction of intestines furnished 2 deaths, and strangulation 1. The remaining deaths were 1 each from strangulated hernia, ulcer of stomach, enteritis, gastritis, hæmorrhage of intestines and perityphlitis.

Diseases of the Lymphatic and Glandular System caused 1,452 admissions, giving a ratio of 14·6, compared with 15·4 the ratio of the previous year and 19·7 the average of the preceding eight years. The ratio for England and Wales was 15·4 per 1,000, that for the preceding year being 16·9, and the octennial average rate 18·1. Scotland gave a ratio of 7·9 for the year under report, differing slightly from the previous year when it was 7·6, but lower than the average ratio by 1·3 per 1,000. Ireland furnished a ratio of 13·3, above that of last year by 1·3, but below the eight years' average rate by 2·6 per 1,000. Inflammation and suppuration of the glands caused the majority of the admissions; 19 cases of goitre and 6 of enlargement of spleen were also returned.

Diseases of the Urinary System were the cause of 243 admissions and 12 deaths; the ratios per 1,000 being 2·4 and ·12 respectively, the admission rate being the same, but the death rate ·04 below those given the previous year, *nited ingdom.*

and fractionally less in both instances than the average rates. The ratios furnished by England and Wales for admission and mortality were 2·3 and ·14, which differ very slightly from those of 1893 and the average. Scotland gave a ratio of 4·2 for admission with *nil* for mortality; in the previous year the admission and mortality rates were 2·1 and ·29 respectively, the average rates being 2·4 and ·20 per 1,000. In Ireland the ratios were 2·6 and ·08 for the year under report compared with 2·3 and ·16 in the previous year, and 2·1 and ·14 the average rates. Incontinence of urine was the cause of more than half of the admissions, while nephritis gave 35 cases, Bright's disease 29, cystitis 17, hæmaturia 6, and retention of urine 4. The deaths were due to Bright's disease in 5 cases, nephritis in 4, and one death occurred from Addison's disease, rupture of bladder, and lardaceous kidney respectively.

Diseases of the Generative System.—Under this head 3,369 admissions are shown, giving a ratio of 33·8 per 1,000, which is 1·7 less than that of the previous year and 9·5 below the average. In England the ratio was 37·1 above that of the previous year by 4·1, but below the average rate by 1·3 per 1,000. The rate shown in Scotland was 30·1 per 1,000, which is less than that of the previous year by 2·9, and than the average by 8·1. Ireland contributed a ratio of 25·3, less by 4·1 and 10·6 respectively than the previous year's ratio and the average. Apart from simple venereal ulcer the chief causes of admission were orchitis 496, balanitis 478, stricture of urethra 111, varicocele 98, and hydrocele 54 cases.

Diseases of the Organs of Locomotion were the origin of 923 admissions, giving a ratio of 9·3 per 1,000, above the rate given in 1893 by ·8, and greater than the average rate by 1·0 per 1,000. The ratio for England and Wales was 9·0 per 1,000, above the rate for 1893 by ·8, and the average of the previous octennial period by 1·8. Scotland with a ratio of 9·6, shows increase on the rates for the preceding year and the average of 2·0 and 1·6 respectively; and Ireland with a ratio of 10·1 shows increases of ·7 and 2·2 in the same comparisons. Of the total admissions 560 were due to synovitis, 78 to contraction, 61 to ostitis, 16 to caries, and 13 to necrosis.

Diseases of the Connective Tissue were the cause of 2,251 admissions, the ratio per 1,000 being 22·7, compared with 24·6 and 26·5 those of the previous year and the eight years' average. England and Wales gave a ratio of 22·8, which is 1·6 less than that of the previous year and slightly below the average rate. In Scotland the rate was 23·4, less by 5·5 than in 1893 and than the average by 3·8 per 1,000. Ireland gave a rate of 22·1 per 1,000, less than in the previous year and than the average of the previous octennial period by 2·6 and 1·0 respectively. Nearly three-fifths of the cases were due to abscess.

Diseases of the Skin.—Under this head there were 6,542 admissions, giving a ratio of 65·8 per 1,000, practically the same as in the previous year, but 20·8 below the average rate. England and Wales contributed a ratio of 67·3 per 1,000, which is above the previous year's rate by 1·3, but below that of the octennial average by 9·8 per 1,000. In Scotland the rate was 61·1, which is lower than the previous year's rate by 26·0 and than the average by 18·4 per 1,000. Ireland gave a ratio of 62·2 compared with 62·8 and 71·9, the rates of the previous year and the average. The chief causes of admission, in order of frequency, were itch, boil, ulcer, eczema, and whitlow.

Poisons.—12 admissions and 6 deaths were returned, giving ratios per 1,000 of ·1 and ·06 respectively; in the previous yeare there were 19 admissions and 7 deaths with ratios of ·2 and ·07 per 1,000. There were 5 admitted for poisoning by oxalic acid, and 2 deaths, suicidal, out of hospital; 4 admissions were due to eating poisonous fish, and one each from poisoned wound (wasp sting), ammonia, and chloroform poisoning, the latter occurred in a patient in hospital undergoing an operation and proved fatal; the other deaths, which occurred out of hospital, were one each from cyanide of potassium, suicidal, prussic acid, by whom and how administered there is no evidence to show, and alcohol.

Injuries.—The admissions for injuries of all kinds numbered 9,304 and there were 64 deaths, giving ratios of 93·7 and ·62 per 1,000 respectively; the corresponding ratios in the preceding year were 95·1 and ·74, and those of the eight years' average 113·1 and ·72 per 1,000.

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For general injuries there were 15 admissions and 36 deaths, as compared with 26 and 43 in the preceding year. Multiple injury caused 6 admissions, two cases, one of which proved fatal, were caused by men having been run over by a loaded waggon, one, a fatal case from a fall from the ramparts, at Dover, one due to a fall from a window, in which instance the patient eventually recovered, and 2 of the admissions, particulars of which are not given, occurred in the same man, who also recovered. Of the other fatal cases one man is shown as having been killed by a train, and in three instances the cause of the injury is not stated. There were 3 cases of lightning stroke, which occurred in men of the Royal Engineers, who were manning the cable of a captive balloon during a thunderstorm, 2 of heat apoplexy, 1 of burns and scalds, and one from shock. There were 24 cases of death from drowning, 2 of which are returned as suicidal, and 3 and 2 deaths respectively are shown under asphyxia from strangulation and suffocation, all of the former being cases of suicide.

Local injuries were the origin of 9,289 admissions and 28 deaths, compared with 9,498 and 33 in the previous year. Contusions, wounds, and sprains caused, as usual, the majority of the admissions. There were 26 cases of gunshot wound and 13 deaths, of which 12 are returned as suicidal, but in the other case the verdict of the coroner's jury was that "it is not quite clear that the wound was self-inflicted."

Concussion of brain gave 28 admissions and 3 deaths. One due to a fall from a balcony, one the result of a blow received in a quarrel with a comrade and one from a fall from a swing boat. Fracture of skull caused 6 deaths. One was the result of an accident at drill in which the man (a gunner of the Royal Artillery) was struck on the head with a lever, the others were caused by accidental falls, as was also a death from rupture of heart. Four deaths are shown under wounds, 3 of which were caused by wound of throat, suicidal, and the remaining one was from punctured wound of bladder the result of an accident. One death is recorded as being due to fracture of leg.

There were 23 cases of suicide amongst the troops in the United Kingdom compared with 24 in the preceding year and the average for the previous 10 years of 21. Gunshot was the mode of suicide in 12 cases, cut-throat, hanging, and poisoning 3 each, and asphyxia by submersion in 2 cases. As to the motive seventeen cases showed no motive, two were attributed to family troubles, two to disappointment in love, and two to depressed spirits. The verdicts of the courts of inquest were temporary insanity in twenty-two cases in the remaining case it is stated that there was not sufficient evidence to show his state of mind. The average age of the men was 28 and their average service 8 years.

Surgical Operations.—Among the operations which took place during the year a reference may be made to the following:—Amputation of thigh at middle third on account of traumatic gangrene following compound fracture of leg, which, however, proved unsuccessful. Amputation of thigh at lower third on account of degeneration of cartilege and articular surface of bone, with satisfactory result. Amputation of forearm on account of gunshot wound, in which case the patient recovered with a good stump, excision of wrist on account of syphilitic disease with successful result, excision of tibia on account of necrosis, which proved satisfactory; and excision of clavicle for necrosis which was also satisfactory in its result. Several amputations of fingers and toes on various accounts were performed with satisfactory termination. There were two cases of ligature of radial artery; several cases of aspiration of pleura in which success is recorded, except in one case or two in which temporary relief was afforded, and three of aspiration of liver, in two of which death ensued, the other case was remaining in hospital at the close of the year; two cases of abdominal section, which afforded temporary relief, but death resulted from shock; two of excision of eyeball which were successful, and four operations for the radical cure of hernia with satisfactory results. The remaining operations embraced some for fistula in ano, removal of necrosed bone, bony tumours, loose cartilage, urethral calculus, &c., &c.

Invaliding.—The number of men discharged the service as medically unfit for further service was 1,737 being in the ratio of 17·06 per 1,000 of the strength which in comparison with that of the previous year is above by 1·36 and ·39 higher than that of the preceding decennial period. In England and

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Wales the ratio was 18·22 per 1,000, an increase of 2·08 on the rate for 1893, and of 1·94 on the average rate for the preceding eight years. In Scotland there were 65 men discharged by invaliding, the ratio being 18·17 per 1,000, an increase of ·11 on the previous year's rate, but ·89 below the octennial average rate. There were 347 men invalided in Ireland giving a ratio of 13·57 per 1,000, ·54 below the previous year's rate, but above the average by ·08.

The principal disabilities causing discharge from the service were as follows:—Diseases of the circulatory system 392 men, or a ratio of 3·85 per 1,000, which is higher by ·35 than in the previous year; nervous disorders caused the discharge of 215 men, the ratio being 2·11 per 1,000, which is ·22 lower than in 1893; in this number are included 93 cases of mental disease compared with 116 in the previous year. Tubercular diseases contributed 161 cases of discharge, furnishing a ratio of 1·58, which is fractionally less than in the previous year. Diseases of the organs of locomotion stand next in order, having caused the discharge of 138 men, giving a ratio of 1·35 per 1,000, which is ·45 above the ratio for 1893. Diseases of organs of special senses other than the eye, were the cause of discharge of 112 men, the ratio being 1·10 or ·05 more than in the previous year. There were 97 men discharged on account of diseases of the digestive system, or ·95 per 1,000, compared with ·84 in the preceding year. Secondary syphilis caused the invaliding of 84 men, or ·82 per 1,000, which is an increase of ·08. Ophthalmic diseases caused 81 cases of discharge, the ratio, ·80, showing a decrease of ·03. Rheumatism caused 76 men to be invalided, the rate being ·75, or an increase of ·35. Under diseases of the respiratory system 62 cases of discharge are recorded, with a rate of ·61, a small fraction above that of last year. In the remaining cases of discharge the variations are not very marked, but such as do exist show something of an increase.

The following tables have been prepared to show the influence of age and length of service on sickness, mortality, and invaliding among the troops serving in the United Kingdom during the year:—

Ages.	Average Strength.	Ad-missions.	Deaths.	In-valided.	Ratios per 1,000 of Strength.		
					Ad-missions.	Mor-tality.	In-validing.
Under 20 years - -	30,737	21,151	69	379	688·1	2·24	12·33
From 20 to 25 years -	37,128	35,086	146	949	945·0	3·93	25·56
" 25 " 30 " -	17,123	6,179	68	246	360·9	3·97	14·37
" 30 " 35 " -	8,090	1,627	32	84	201·1	3·95	10·38
" 35 " 40 " -	4,300	787	30	56	183·0	6·98	13·02
40 years and upwards -	1,982	338	32	23	170·5	16·14	11·60
Total - -	99,360	65,168	377	1,737	655·9	3·70*	17·06*

* Calculated on strength, including men detached (2,481).

From the above it will be seen that the highest admission rate, at any age, was between 20 and 25 years, being 945·0 per 1,000, followed by 688·1 in men under 20 years of age. In comparison with the previous year's rates a decrease is observed in all, varying from 133·8 in men under 20 years to ·4 in men of 40 years and upwards. The ratios of both years follow in the same sequence.

The mortality rate was lowest in men under 20 years, each following quinquennium, showing an increase as was also the cost in the preceding year. The ratio of invaliding was least in men between the ages of 30 and 35, increasing in the following order, men of 40 years and upwards, under 20 years, between 35 and 40, 25 and 30, and highest among those between 20 and 25 years of age.

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The sequence is almost the same as that in 1893, the only alteration being that the period between 35 and 40 and that between 25 and 30 have exchanged places.

Service.	Average Strength.	Ad-missions.	Deaths.	In-valided.	Ratios per 1,000 of Strength.		
					Ad-missions.	Mor-tality.	In-validing.
Under 1 year - -	29,634	25,957	77	429	875·9	2·60	14·48
From 1 to 2 years -	18,670	13,976	53	442	748·6	2·84	23·67
„ 2 „ 3 „ -	11,010	7,817	24	244	710·0	2·18	22·16
„ 3 „ 4 „ -	8,051	4,625	27	147	574·5	3·35	18·26
„ 4 „ 5 „ -	6,969	3,334	19	91	478·4	2·73	13·06
„ 5 „ 10 „ -	13,718	6,687	76	229	487·5	5·54	16·69
10 years and upwards -	11,308	2,772	101	155	245·1	8·93	13·71
Total - -	99,360	65,168	377	1,737	655·9	3·70*	17·06*

* Calculated on strength, including men detached (2,481).

The above table shows the highest admission rate as having occurred among men under 1 year's service, followed by a steady decline up to the fifth year of service; a slight increase is shown in the period embracing 5 to 10 years, but the following ratio, that of men with 10 years' service and upwards, is lowest of all; this sequence follows closely that of last year, in which, however, the decrease followed without interruption.

The mortality rate was, as in 1893, highest amongst men having upwards of 10 years' service, followed by those of between 5 and 10 years; the lowest mortality rate was in men of between 2 and 3 years' service, followed by those under 1 year. Invaliding was highest, as was also the case in the preceding year, among men of from 1 to 2 years' service, followed closely by those having from 2 to 3 years, and next came those with 3 to 4 years.

The lowest invaliding rate was amongst men having between 4 and 5 years' service, followed by men of 10 years and upwards.

The admission ratios when compared with those of the previous year show a decline in every instance, The mortality rate likewise shows a decrease throughout; but the invaliding shows increase in every period, except in that of men under 1 year's service.

The admissions, deaths, invalids discharged the service, average number constantly sick, average sick time to each soldier, and average duration of each case of sickness in the various military districts are shown in the following table:—

United Kingdom.

Military Districts.	Average Annual Strength.	Admissions into Hospital.	Deaths.*			Invalids discharged the Service.*	Average Number Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.
			With the Regiment	Absent from the Regiment.	Total.			Admitted into Hospital.	Died.	Invalids discharged the Service.	Constantly Sick.		
												days.	days.
1. North-eastern - -	4,609	3,466	14	1	15	102	193·63	752·0	3·25	22·13	41·79	15·25	20·26
2. North-western - -	5,358	2,987	9	3	12	60	139·11	557·5	2·24	11·20	25·96	9·47	17·00
3. Eastern - - -	5,205	3,923	26	2	28	130	202·03	753·7	5·38	24·97	38·81	14·17	18·80
4. Western - - -	7,016	4,743	37	1	38	91	290·35	676·0	5·41	12·97	41·38	15·10	22·34
5. Southern - - -	7,991	5,529	26	5	31	156	367·58	691·9	3·88	19·52	46·00	16·79	24·27
6. Thames - - -	4,561	2,850	8	2	10	73	174·96	624·9	2·19	16·00	38·36	14·00	22·40
7. South-eastern - -	6,948	5,725	21	4	25	137	310·28	824·0	3·60	19·72	44·66	16·30	19·78
8. Home - - - -	7,468	5,211	32	1	33	159	409·48	697·8	4·42	21·29	54·83	20·01	28·68
9. Woolwich - - -	5,278	3,650	19	3	22	89	262·60	691·5	4·17	16·86	49·75	18·16	26·26
10. Aldershot - - -	15,315	9,279	32	5	37	287	656·49	605·9	2·41	18·74	42·87	15·65	25·82
11. Channel Isles - -	1,606	1,182	2	—	2	41	59·99	736·0	1·24	25·53	37·35	13·63	15·52
12. Scottish - - -	3,550	2,083	20	2	22	65	105·05	586·7	6·20	18·31	29·59	10·80	18·41
13. Belfast - - -	3,761	1,950	19	1	20	31	108·04	518·5	5·32	8·24	28·72	10·48	20·21
14. Dublin - - -	8,191	5,961	41	3	44	115	388·43	727·7	5·37	14·04	47·42	17·31	23·78
15. Cork - - - -	8,125	4,206	25	3	28	117	211·67	517·6	3·44	14·40	26·05	9·51	18·37
16. Curragh - - -	4,378	2,423	9	1	10	84	185·95	553·4	2·28	19·18	42·47	15·50	28·01
Total - - -	99,360	65,168	340	37	377	1,737	4064·64	655·9	3·70	17·06	40·91	14·93	22·77
Average of 10 years, 1884 to 1893 - - - -	966,572	764,831	4,900	381	5,281	16,404	43175·00	791·5	5·36	16·67	44·68	16·31	20·60

* Total deaths and invalids calculated on strength, including men detached (2,481).

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The South-eastern district gave the highest admission ratio, 824·0 per 1,000, followed by 753·7, 752·0, 736·0, and 727·7 respectively in the Eastern, North-eastern, Channel Islands, and Dublin districts; the Cork and Belfast gave, as in the previous year, the lowest admission ratios, 517·6 and 518·5 respectively, the Curragh and the North-western districts being next above with ratios of 553·4 and 557·5 per 1,000. Compared with the previous year's ratios decrease has occurred in all of the districts except the North-eastern. The highest rate of mortality occurred in the Scottish district, 6·20 per 1,000; the next below being 5·41, 5·38, 5·37, and 5·32; in the Western, Eastern, Dublin, and Belfast districts. The Channel Islands showed the lowest death rate, 1·24, and other low rates were 2·19, 2·24, 2·28, and 2·41; in the Thames, North-western, Curragh, and Aldershot districts. In 1893 the highest death rate was in the Western district, and the lowest in the Curragh district. In comparison with the ratios for that year increase is observed in only three districts, Scottish, Belfast, and Dublin. A decrease of greater or less extent having occurred in the remainder.

Invaliding was, as was also the case in the previous year, highest in the Channel Islands, the ratio being 25·53, the Eastern, North-eastern, Home, and South-eastern districts, giving 24·97, 22·13, 21·29, and 19·72 per 1,000 respectively; the lowest invaliding ratio was 8·24 in the Belfast district, the next above being 11·20 in the North-western district. In the preceding year the lowest invaliding ratio was in the Cork district. In comparison with previous year the most marked increase has occurred in the North-eastern, Eastern, Thames, South-eastern, and Cork districts, 11·77, 6·13, 5·22, 4·69, and 4·58 respectively; the only marked decrease is shown in the Belfast district, 6·49 per 1,000.

The highest ratios of constantly sick were furnished by the Home district with 54·83 per 1,000, Woolwich, 49·75, and Dublin district, 47·42; the lowest rate was in the North-western district, 25·96, the next above being in the Cork district, 26·05, followed by Belfast with 28·72.

In comparison with the ratios of 1893 two districts only, the North-eastern and Scottish show increase of constantly sick rate, the rise being equal to 6·09 and 2·67 respectively; the most marked cases of decrease were those of the Channel Islands, Home, Aldershot, and Southern districts with 10·96, 6·76, 6·37, and 4·87.

The average sick time to each soldier was longest in the Home district, 20·01 days, the next being 18·16 in the Woolwich district, and then 17·31 days in the Dublin district; the shortest sick time is observed in the North-western district, 9·47 days, closely followed by that of Cork with 9·51, the next above being 10·48 in the Belfast district. In comparison with previous year the sick time is longer in two districts only, the North-eastern and Scottish, by 2·22 and ·97; the remaining districts show decrease ranging from 4·00 in the Channel Islands to ·29 in the Dublin district. The average duration of each case of sickness was highest in the Home district, 28·68 days, followed by the Curragh, Woolwich, and Aldershot districts with 28·01, 26·26, and 25·82 days; the shortest period was in the North-western district, 17·00, those next above being the Cork, Scottish, Channel Islands, and Eastern districts with 18·37, 18·41, 18·52, and 18·80 days respectively. In comparison with similar periods of sickness in previous year increase is observed in fourteen of the districts, the greatest, 3·81, 3·54, and 2·78 days respectively, being in the Wool-wich, Curragh, and Scottish districts; the districts showing decrease were the Channel Islands with 1·33 days, and the Southern with ·45 of a day.

A table is here given showing the statistics of sickness and mortality among troops quartered in the large camps at Aldershot, Colchester, Shorncliffe, the Curragh, &c., at which the sick are treated locally, as compared with those of

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troops stationed in 40 large towns where the average strength of non-commissioned officers and men was over 500 :—

1894.	Average Annual Strength.	Admissions.	Died.	Average constantly Sick.	Ratio per 1,000 of Mean Strength.		
					Admissions.	Deaths.	Constantly Sick.
Camps - -	24,598	15,909	58	1068·07	646·7	2·36	43·42
Towns - -	55,140	39,207	220	2531·36	711·0	3·99	45·91

It will be noticed that the admission ratio among men quartered in camps is below that of men quartered in towns by 64·3; in the previous year the admission rate among men in camps was 19·2 in the same direction. The death rate also is shown to be higher among men quartered in towns than among men quartered in camps, as was the case in the preceding year. As to the ratios constantly sick in the two classes the difference, 2·49, is also in favour of camps. In the previous year this was reversed. Comparing the ratios of sickness and mortality among troops quartered in camps, and also among troops quartered in towns with corresponding results in the previous year it will be observed that decrease has taken place in all.

The decrease in camps in the admission death and constantly sick rates were 136·3, 1·56, and 4·90, while in the case of towns the decrease was 91·2, 1·37, and 2·35 respectively.

The following table, compiled from the Returns of Principal Medical Officers, shows the admissions, deaths, number of men invalided, and number constantly sick, from each arm of the service, with the ratios per 1,000 of the strength, and the corresponding ratios for the previous 10 years :—

Arms of the Service.	Average Strength.	Admitted into Hospital.	Died.	Discharged as Invalids.	Average Number constantly Sick.	Annual Ratio per 1,000 of Strength.				Average of 10 Years, 1884–93.			
						Admitted.	Died.	Invalided.	Constantly Sick.	Admitted.	Died.	Invalided.	Constantly Sick.
Household Cavalry	1,234	681	6	25	40·20	551·9	4·86	20·26	32·58	661·6	3·71	19·67	33·71
Cavalry - -	10,031	7,444	29	176	454·17	742·1	2·89	17·54	45·27	857·2	4·71	18·86	48·39
Royal Artillery -	16,744	9,956	82	290	648·99	594·6	4·90	17·32	38·76	736·1	6·20	17·84	44·15
Royal Engineers -	4,437	1,488	16	33	95·78	335·4	3·61	7·44	21·59	572·1	6·42	12·18	32·32
Foot Guards -	5,293	4,001	23	116	344·96	755·9	4·34	21·91	65·17	924·3	5·55	22·96	64·21
Infantry - -	43,621	33,287	141	895	2054·81	763·1	3·23	20·52	47·10	867·7	4·67	17·50	49·38
Regimental Depôts	10,872	5,897	55	125	256·96	542·4	5·06	11·48	23·63	707·5	7·31	13·77	29·24
Garrison Staff and Departments.	7,128	2,414	25	77	168·77	338·7	3·51	10·80	23·68	532·5	6·34	10·31	31·90

The highest admission ratio in any arm of the service was 763·1 in the Infantry, the Foot Guards being next with 755·9, which was closely followed by the Cavalry with 742·1. In the previous year the highest was in the Foot Guards, and next in the Infantry. The lowest was 335·4 in the Royal Engineers, and next, 338·7, in the Garrison Staff and Departments. In previous years this was reversed.

The highest mortality rate was in Regimental Depôts being 5·06, followed by the Royal Artillery with 4·90. The lowest rate was in the Cavalry, 2·89,

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the next above 3·23 being in the Infantry. In the previous year the Household Cavalry gave the highest and the Foot Guards the lowest rate.

Invaliding was highest, as in the preceding year, in the Foot Guards with 21·91, Infantry coming next with 20·52. The Engineers gave the lowest rate, 7·44, the Garrison Staff and Departments following with 10·80. In the previous year the same Arms furnished the lowest rates but in reverse order.

Constant inefficiency on account of sickness was highest in the Foot Guards, the ratio being 65·17, the next being 47·10 in the Infantry, and the lowest rates appear in the Royal Engineers and Regimental Depôts with 21·59 and 23·63 respectively. The highest rates in the previous year occurred in the same Arms as in that under report, but the lowest was in Garrison Staff and Departments.

In comparison with the year 1893, the admission and constantly sick rates are lower in all arms, as is also the case, with one exception, that of the Foot Guards, in the death rate; but in the ratio of Invaliding increase has occurred in all but the Royal Engineers. Compared with the ratios of the previous decennial period there is marked decrease in the majority of cases.

In Abstract XXXIX. will be found a table showing the more important of the health statistics of individual corps serving in the United Kingdom during the year.

The most important statistics of sickness and mortality amongst officers, women, and children, according to the several groups and orders of diseases, are shown in Abstract D., compiled from the Annual Returns of Principal Medical Officers.

OFFICERS.—The average strength, was 4,056, and there were 1,197 cases of illness, and 22 deaths. The equivalent ratios per 1,000 were 295·1 for sickness and 5·42 for deaths. In the preceding year the corresponding ratios were 376·5 and 4·74 per 1,000.

General Diseases.—Diseases dependent on Morbid Poisons.—Eruptive fevers caused 8 attacks of illness, being 4 each of measles and scarlet fever. *Enteric fever* caused 17 attacks of illness and 2 deaths. The cases occurred as follows:—11 in England, viz., 4 at Aldershot, one proving fatal, and one each at Windsor, Woolwich, Shoeburyness, Purfleet, Gosport, Salford and London; 6 in Ireland, viz., 2 at Cork, and one each at Newbridge, Kinsale, Buttevant, and Dublin, the last terminating fatally. These 17 cases give a ratio of prevalence of 4·2 per 1·000, as compared with 8 cases, or a ratio of 2·0 per 1,000 in the previous year.

Dysentery caused 6 attacks of illness and one death. *Influenza* caused 95 cases of illness, as against 210 in the previous year.

Malarial Fevers caused 38 attacks of illness and no death. Of these 2 were cases of remittent fever. The ratio of prevalence of these fevers, 9·4 per 1,000, is lower than in 1893 by 3·3.

Septic diseases are represented by 3 cases of erysipelas, all of which recovered.

Venereal Diseases.—There were 20 cases in this sub-group, equal to a rate per 1,000 of 4·9, but if to these be added 4 cases of simple venereal ulcer, the total ratio of prevalence stands at 5·9 per 1,000. Primary syphilis furnished 4 of the cases, secondary disease 2, and 14 were of gonorrhœa.

In a succeeding group are 15 cases, returned as *debility*, the ratio per 1,000 being 3·7, as against 4·2 in the previous year.

Rheumatism.—The number of attacks of illness recorded was 76, one being returned as rheumatic fever. The ratio per 1,000, 18·7, is almost an exactly similar ratio to that of the previous year.

Tubercular Disease.—4 cases of lung affection occurred, two of which proved fatal. Out of the 5 remaining attacks of illness in this group two deaths occurred, one from malignant new growth and the other from non-malignant new growth.

Local Diseases.—Diseases of the Nervous System caused 28 cases of illness, and 1 death, the ratio of prevalence, 6·9 per 1,000, being very slightly in excess of that of the previous year. The majority of the cases were due to neuralgia, and there was one case each of paralysis and apoplexy, the death being due to the latter. There was one case of mental affection.

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Diseases of the Organs of Special Senses.—26 cases are recorded, being in the ratio of 6·4 per 1,000, as compared with 5·7 last year. The cases included 21 of eye disease, 3 aural, and 2 nasal.

Diseases of the Circulatory System contributed 9 cases and 3 deaths. Of the latter two were due to valvular disease of heart, and the other to dilatation of heart.

Diseases of the Respiratory System caused 178 attacks of illness and 3 deaths, the ratio of prevalence, 43·9 per 1,000, being under that of the previous year by 4·8. The chief causes of sickness were bronchitic affections 149 cases, pneumonia 11 cases, pleurisy 7 cases, and asthma 6 cases. All the deaths were due to pneumonia.

Diseases of the Digestive System were represented by 188 cases and 4 deaths. The ratio of prevalence, 46·4 per 1,000, being considerably less than in the previous year, when it stood at 64·1. The cases included 64 of affections of the mouth and throat, 25 of dyspepsia, 23 of hepatic disease, 16 of diarrhœa and 11 of peritonitis and typhlitis. Two of the deaths were due to peritonitis and one each to jaundice and hæmorrhage of the stomach.

Diseases of the Lymphatic and Glandular System gave 12 cases, being in precisely the same ratio as last year.

Diseases of the Urinary System caused 17 attacks, mostly cases of cystitis, the ratio of prevalence, 4·2 per 1,000, being slightly higher than in the previous year.

Diseases of the Generative System.—The ratio of prevalence was 5·9 per 1,000, much the same as in the preceding year. Orchitis was the chief cause of illness, there being 15 cases out of a total of 24 from all causes.

Diseases of the Organs of Locomotion contributed 41 cases, the ratio per 1,000, 10·1, being somewhat higher than last year.

Diseases of the Connective Tissue.—The ratio of prevalence was 10·6 per 1,000, slightly under that of 1893.

Diseases of the Skin gave a ratio of 10·4 per 1,000, as against 9·9 in the previous year—42 cases in all were treated.

Injuries.—260 are recorded, the ratio being 64·1 per 1,000, as compared with 59·1 in the preceding year. Contusions, wounds, and sprains contributed 199 of the cases, while fracture gave 30 cases, and dislocation and concussion of brain 12 and 8 respectively. There were four deaths, two from gunshot wound, suicidal, a verdict of temporary insanity being returned in one case; and two from fracture of the skull, due in one instance to a fall from a horse, and in the other to a fall from a dog-cart.

WOMEN.—The average strength, as gathered from the returns was 10,761, and there were 3,995 cases of illness, exclusive of ordinary parturition, and 51 deaths. The ratio of prevalence of sickness, therefore, was 371·5, and that of mortality 4·74 per 1,000, being lower than the corresponding ratios of the previous year by 60·1 and ·16 respectively.

General Diseases.—Diseases dependent on Morbid Poisons.—3 cases of *small-pox* occurred, one each at Lichfield, Preston and Plymouth, and there were 27 cases of *other eruptive fevers*, viz., 16 of scarlet fever, 7 of measles, 3 of cow-pox, and one of chicken-pox. The ratio of prevalence, 2·8 per 1,000, is rather less than in the previous year, when it stood at 4·8. *Enteric fever* caused 5 cases of illness as compared with 3 attacks last year. The cases occurred at Lancaster, Beverley, Winchester, Belfast and Dublin. *Influenza* caused 162 cases as against 305 in the previous year. The attacks of *simple continued Fever* numbered 29, and there was one death. The ratio of prevalence, 2·7 per 1,000, is almost the same as last year. *Dysentery* caused 4 cases, and there were 3 attacks of diphtheria and one death.

Malarial Fevers.—There were 55 cases nearly all on account of ague, the ratio of prevalence being 5·1 per 1,000, as compared with 6·2 in the preceding year.

Septic Diseases.—20 cases are recorded; the ratio of prevalence was 1·9 per 1,000. Of the cases, 11 were erysipelas, and the remainder septicæmia, with 5 deaths.

Venereal Diseases.—There were 19 cases of constitutional syphilis recorded and one death, as compared with only 5 attacks of illness last year.

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One case of *scurvy* and three cases of *alcoholism* are recorded.

Debility.—The large number of 761 cases is recorded; the ratio of prevalence, 70·7 per 1,000, being higher than in the previous year by 12·3. There were two deaths.

Rheumatism.—184 cases were treated, of which 26 were rheumatic fever. The ratio of prevalence was 17·1 as compared with 19·5 last year.

Tubercular Diseases.—There were 43 cases of illness, of which 34 were lung affection, the deaths from the latter numbering 15. The ratios of prevalence and mortality were 4·0 and 1·39 per 1,000, as compared with 5·1 and ·96, respectively in the preceding year.

Other Diseases of this group included 84 cases of anæmia, 14 of non-malignant new growth, 2 of diabetes and one each of scrofula and dropsy. There was one death each from non-malignant new growth (Hodgkin's disease) and malignant new growth.

Local Diseases.—Diseases of the Nervous System.—The number of attacks of illness was 201 and there was 1 death, being in the ratios of 18·7 and ·09 per 1,000 respectively, which are lower than those in the preceding year by 2·4 and ·39. The cases included neuralgia 146, hysteria 26, epilepsy 9, and mental disease 10. Meningitis was the cause of death.

Diseases of the Organs of Special Senses caused a ratio of prevalence of 4·4 per 1,000, a decrease of 2·0 an the previous year. The cases included 30 of ophthalmic affections, mainly conjunctivitis, 12 of aural disease, and 5 of nasal complaints.

Diseases of the Circulatory System.—75 cases are recorded, and there were 4 deaths. The ratio of prevalence was 7·0 per 1,000, being 2·1 less than last year. The chief cause of illness were: valvular disease of the heart 27 cases, varicose veins 16 cases, and palpitation 14 cases. 3 of the deaths were from valvular disease of the heart and the other fron phlegmasia dolens.

Diseasee of the Respiratory System.—580 cases were treated and there were 6 deaths, being in the ratios of 53·9 and ·56 per 1,000, respectively, the former being lower than in last year by 12·5 and the latter by ·21. The principal causes of illness were bronchitic affections 491 cases, pleurisy 28, pneumonia 26, and asthma 18 cases. Of the deaths 3 occurred from bronchitis, 2 from pneumonia, and one from pleurisy.

Diseases of the Digestive System.—There were 816 attacks of illness and 5 deaths. The ratios of prevalence and mortality were therefore 75·8 and ·46 per 1,000 respectively, as compared with 100·7 and ·67 in the preceding year. The chief causes of sickness were dyspepsia, mouth and throat affections, diarrhœa, colic, hepatic diseases and inflammation of stomach. The deaths were 3 from peritonitis and one each from enteritis and hepatitis.

Diseases of the Lymphatic and Glandular System were the cause of 18 cases of sickness, the ratio of prevalence being slightly under last year. *Diseases of the Urinary System* were in much the same ratio as in the previous year. There were 4 deaths, 2 from Bright's disease, and one each from nephritis and cystitis.

Diseases of the Generative System.—The number of cases treated was 485, and there were 4 deaths. The sick rate, therefore, was 45·1 and the death rate ·37 per 1,000; the former shows a decrease of 2·3, and the latter an increase of ·8, on last year's rates. The chief causes of sickness were, as usual, functional or symptomatic diseases and affections connected with pregnancy. The deaths are returned as one each from post-partum hæmorrhage, inflammation of uterus, pelvic cellulitis, and sudden death after delivery.

Diseases of the Organs of Locomotion show a decrease in the sick rate of ·9 per 1,000, and *diseases of the connective tissue,* with 82 cases of sickness, a decline of 1·2 as compared with the preceding years.

Skin Diseases.—129 cases are recorded, the ratio of prevalence being 12·0 per 1·000, an almost similar report to that in 1893.

One case of *poisoning* from sardines was reported.

Injuries.—88 cases were treated, equal to a ratio of 8·2 per 1,000, which is higher than the previous year's rate by 1·5. The principal causes were sprains, wounds, and contusions.

CHILDREN.—The average strength was 21,152, and there were 10,878 cases of illness, and 383 deaths; the ratios of prevalence and mortality being 514·2

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and 18·10 per 1,000 respectively. In the preceding year the corresponding ratios were 606·6 and 22·68.

General Diseases.—Diseases dependent on Morbid Poisons.—There were 1,750 cases of sickness returned under the head of *eruptive fevers*, and 29 deaths. The ratios of prevalence and mortality were 82·7 and 1·37 per 1,000 respectively, as compared with 128·1 and 3·00 in 1893. The causes were measles 1,178 cases, chicken-pox 336, scarlet fever 226, and cow-pox 10 cases. The deaths were 19 from measles and 10 from scarlet fever.

Enteric Fever caused 11 attacks, but no death, as compared with 19 attacks and one death in 1893. Shoeburyness furnished 6 cases, and there was one each at Pontefract, Warrington, Aldershot, Bodmin, and Cork.

Simple Continued Fever gave 112 cases, the ratio of prevalence, 5·3 per 1,000, being somewhat under that of the preceding year, when it stood at 8·2.

Dysentery caused 12 admissions, but no death. There were 24 cases of diphtheria, and 13 deaths. Aldershot and Netley furnished 5 cases each, Woolwich 4 cases, Devonport and Hamilton 2 each, Taunton, Gosport, Chatham, London, Guildford, and Londonderry one each. The deaths occurred as follows :—Aldershot 3, Netley 3, Hamilton 2, Woolwich 2, and one each at Gosport, London, and Londonderry. Whooping cough caused 596 cases of illness, and 16 deaths. Influenza was the cause of 120 admissions, and one death ; and mumps contributed 167 cases.

Malarial Fevers.—51 cases are recorded ; 2 being returned as malarial cachexia, and the remainder ague. The ratio of prevalence is slightly under that of last year.

Septic Diseases.—14 cases were treated, as against 13 in 1893. With the exception of one case of pyæmia, which proved fatal, erysipelas caused all the attacks.

Venereal Affections.—40 admissions are returned, 39 being cases of congenital syphilis. There were 4 deaths. The ratios of prevalence and mortality, 1·9 and ·19 per 1,000 respectively, show an increase on the preceding year.

Parasitic Diseases.—69 cases and 1 death are returned, a precisely similar record to that of 1893. 14 of the cases were tænia solium, and the death occurred from thrush.

Developmental Diseases.—Under this head, 513 attacks of illness, and 68 deaths are returned, being in the ratios of 24·3 and 3·21 per 1,000 respectively, the former being lower than in 1893 by 3·7, and the latter higher by ·98. The cases comprised 41 immaturity at birth, 10 congenital malformation, and the remainder debility. The deaths were recorded as 37 from immaturity at birth, 27 from debility, and 4 from malformations.

Rheumatism caused 44 attacks of illness, and included 8 cases of rheumatic fever. There were no deaths, and the ratio of prevalence is under that of the preceding year.

Tubercular Diseases.—The admissions numbered 41, and there were 13 deaths. The ratio of prevalence, 1·9 per 1,000, is slightly above that of the previous year, and that of mortality a little lower. *Other diseases* of this group caused 105 cases of illness, and 7 deaths. The cases included 43 of scrofula, 29 of anæmia, 16 of rickets, 8 of non-malignant new growth, 3 of diabetes, and 2 of hæmophilia. The deaths were 4 from scrofula, 2 from anæmia, and one from rickets.

Local Diseases.—Diseases of the Nervous System.—216 attacks of illness and 60 deaths are recorded. The ratios of prevalence and mortality were, therefore, 10·2 and 2·84 respectively. Compared with corresponding ratios in the previous year, a decrease is observed in the admission rate of ·8, and one of ·60 in the death rate. Convulsions and neuralgia contributed 113 and 31 cases respectively, and amongst the remainder were 17 cases of inflammation of brain and its membranes, 11 each of epilepsy and chorea, and one case of paralysis. The deaths were 49 from convulsions, 7 from inflammation of brain and its membranes, and one each from abscess of brain, inflammation of spinal cord, syncope, and hydrocephalus.

Diseases of the Eye gave 222 cases, of which 148 were conjunctivitis. The ratio of prevalence is rather higher than that in 1893. *Diseases of the other*

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organs of special senses caused 77 attacks, there being a decline in the sick rate of 1·0 per 1,000.

Diseases of the Circulatory System.—16 cases are recorded and 4 deaths. Valvular disease of the heart was the principal cause of illness, and 3 of the deaths were due to this affection. The other death was from syncope.

Diseases of the Respiratory System.—3,281 cases were treated, and there were 124 deaths, being in the ratios of 155·1, and 5·86 per 1,000 respectively. Compared with similar ratios in the previous year, a decrease of 7·9 is observed in the admission rate, and one of ·63 in the death rate. Bronchitic affections, of which there were 3,092, were the prevailing complaints, followed next in order by pneumonia, 132 cases, croup 25 cases, pleurisy 12 cases, and laryngitis 11 cases. Bronchitic affections caused 90 deaths, pneumonia 25, croup 6, and laryngitis 3.

Diseases of the Digestive System caused 1,862 attacks of illness and 30 deaths, a considerable decrease as compared with the numbers recorded in 1893, when there were 2,466 attacks and 73 deaths. The ratios of prevalence and mortality were 88·0 and 1·42 per 1,000 respectively, as against 119·5 and 3·54 in the preceding year. The chief causes of illness were affections of the mouth and throat 1,077 cases, diarrhœa 328, dyspepsia 296, and inflammation of the stomach, 24. The deaths were 11 from diarrhœa, 6 from teething, 5 from peritonitis, 4 from enteritis, 3 from inflammation of stomach, and one from sore throat.

Diseases of the Lymphatic and Glandular System and *Urinary Diseases* also show a decrease on the previous year's admission rates. There were two deaths from nephritis.

Diseases of the Generative System show 26 cases of sickness, as compared with 18 in 1893; and *diseases of organs of locomotion* 20 cases, against 42 in the preceding year. One death occurred from curvature of the spine.

Diseases of the Connective Tissue gave 161 cases and 3 deaths, being in the ratios of 7·6 and ·14 per 1,000 respectively, the corresponding ratios in the previous year, being 8·6 and ·05. The deaths were due to abscess.

Diseases of the Skin.—762 cases were treated, mostly eczema and ringworm. One death resulted from eczema.

Poisons.—Two cases are returned, one of poisoning from ammonia, and the other from petroleum. Both recovered.

Injuries.—488 occurred, and there were 5 fatal cases. The ratios of prevalence and mortality were therefore 23·1 and ·23 per 1,000 respectively, being very little different from the corresponding ratios in 1893. The chief causes were wounds 183 cases, contusions 93, burns or scalds 72, fractures 60, and sprains 52. The deaths were 2 from overlying, and one each from exhaustion, concussion of brain, and compression of brain (forceps).

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VACCINATION.

In the subjoined table will be found the conditions as to vaccination of all recruits found on inspection fit for the service, during the year, together with the proportion per 1,000 of each condition:—

1894.	Number of Recruits found on Inspection fit for the Service.	Proportion per 1,000.
Had marks of vaccination - -	36,141	969·4
Had marks of small-pox - -	178	4·8
Had neither marks of vaccination nor of small-pox - - -	961	25·8
Total - -	37,280	1000·0

Compared with the corresponding results in the preceding year, an increase of 16·0 per 1,000 is observed amongst recruits bearing marks of vaccination, a decrease of 11·5 amongst those bearing marks of small-pox, and one of 4·5 amongst those bearing neither marks of vaccination nor small-pox.

The following tables, compiled from the annual returns of Principal Medical Officers, show the number of vaccinations performed during the year, with the proportions per 1,000 of successful or modified results or of failures, whether vaccinated with fresh or preserved lymph.

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Results.	Vaccinated during the Year.						Proportion per 1,000.					
	Arm to Arm.		From Preserved Lymph.		Total.		Arm to Arm.		From Preserved Lymph.		Total.	
	Primary Vaccination.	Re-Vaccination.	Primary Vaccination.	Re-Vaccination.	Primary Vaccination.	Re-Vaccination.	Primary Vaccination.	Re-Vaccination.	Primary Vaccination.	Re-Vaccination.	Primary Vaccination.	Re-Vaccination.
TABLE I.—*Recruits.*												
Perfect vaccine pustules - - - - -	2	354	141	22,761	143	23,115	666·7	702·4	898·1	708·9	893·7	708·8
Modified vaccine pustules - - - - -	—	94	10	6,789	10	6,883	—	186·5	63·7	211·4	62·5	211·0
Failures - - - - - - - - -	1	56	6	2,560	7	2,616	333·3	111·1	38·2	79·7	43·8	80·2
Total - - - - - -	3	504	157	32,110	160	32,614	1000·0	1000·0	1000·0	1000·0	1000·0	1000·0
TABLE II.—*Soldiers other than Recruits.*												
Perfect vaccine pustules - - - - -	—	14	8	1,183	8	1,197	—	466·7	296·3	467·6	296·3	467·6
Modified vaccine pustules - - - - -	—	10	17	713	17	723	—	333·3	629·6	281·8	629·6	282·4
Failures - - - - - - - - -	—	6	2	634	2	640	—	200·0	74·1	250·6	74·1	250·0
Total - - - - - -	—	30	27	2,530	27	2,560	—	1000·0	1000·0	1000·0	1000·0	1000·0
TABLE III.—*Soldiers and Recruits.*												
Perfect vaccine pustules - - - - -	2	368	149	23,944	151	24,312	666·7	689·1	809·8	691·2	807·5	691·2
Modified vaccine pustules - - - - -	—	104	27	7,502	27	7,606	—	194·8	146·7	216·6	144·4	216·2
Failures - - - - - - - - -	1	62	8	3,194	9	3,256	333·3	116·1	43·5	92·2	48·1	92·6
Total - - - - - -	3	534	184	34,640	187	35,174	1000·0	1000·0	1000·0	1000·0	1000·0	1000·0

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The total number of operations for vaccination during the year was 35,361, less than in the preceding year by 190. The number of recruits vaccinated was 32,774, which shows a decrease of 1,197, and the number of soldiers other than recruits who were vaccinated was 2,587, an increase of 1,007 as compared with 1893.

The number of recruits found on inspection fit for service during the year was 37,280; therefore, the recruits vaccinated being 32,774, there were 4,506 unaccounted for. This is probably due to the fact that some recruits joined from the Militia, in which force they had already been vaccinated; some recruits joined too late in the year for their vaccination to appear in the yearly returns, and in some cases men deserted after enlistment before there had been time to vaccinate them.

In comparing the vaccination of recruits with the previous year, it is shown in the primary arm-to-arm vaccination that there was a decrease of 333·3 per 1,000 in the proportion of perfect vaccine pustules, and a corresponding increase in failures. In arm-to-arm re-vaccination there was a decrease of 54·2 in the proportion of perfect results, and an increase in modified perfect results and failures of 16·2 and 38·0 per 1,000 respectively.

The results of vaccination with preserved lymph are satisfactory; there was an increase of 83·5 per 1,000 in perfect pustules, and a decrease in modified pustules, and failures of 43·0 and 40·5 respectively, amongst the primary vaccinations. In the re-vaccinations an increase of 18·4 in perfect results, a decrease of ·3 in modified results, and one of 18·1 in failures occurred. The total results of primary vaccination among recruits show an increase of 74·0 in the proportion of perfect pustules, and a decrease in modified pustules and failures of 41·3 and 32·7 respectively. The total results of re-vaccination among recruits show an increase in perfect vaccine pustules, and modified results of 16·8 and ·2 respectively, with a decrease of 17·0 in failures.

In the next table is given the vaccination of soldiers other than recruits. There were no cases of primary arm-to-arm vaccination, and only 30 of re-vaccination; from preserved lymph there were 27 primary vaccinations, and 2,530 re-vaccinations.

Taking all classes of soldiers together, it will be observed from Table III. that, as compared with 1893, in primary vaccination, there is a decrease of 8·7 per 1,000 in the proportion of perfect vaccine pustules, an increase of 36·3 in that of modified pustules, and a decrease of 27·6 in the case of failures. In re-vaccinations there is an increase of 9·7 and 3·0 respectively in the proportion of perfect and modified results, and a decrease of 12·7 in that of failures.

Of the total number of operations of vaccination of soldiers, 35,361, there were 24,463 perfect results, or 691·8 per 1,000; 7,633 modified results, or 215·9 per 1,000, and 3,265 failures, or 92·3 per 1,000. Comparing these results with the corresponding proportions for the previous year, an increase of 9·6 is found in the proportion of perfect pustules, one of 3·2 in modified results, and a decrease of 12·8 in failures.

Women.—The number of vaccination operations among women was 350; of these 12 were cases of primary vaccination, and 338 cases of re-vaccination; of the latter 277 cases, or 819·6 per 1,000, gave perfect results, 39 cases, or 115·4, gave modified results, and 22 cases, or 65·0 were failures. This shows, as compared with the previous year, an increase of 45·1 in the case of perfect vaccine vesicles, and a decrease of 36·6 and 8·5 in the case of modified pustules and failures.

Children.—Among children there were 200 primary arm-to-arm vaccinations, of which 185, or 925·0 per 1,000, gave perfect results, and 15, or 75·0 were failures. The proportion of successful results is lower by 43·1 than in the previous year. Out of 2,714 cases of primary vaccination with preserved lymph 97 were failures, the proportion of successes being 964·3, and of failures 35·7. The proportion of successes is 15·4 higher than last year.

Re-vaccination with preserved lymph gave 250 successes out of 275 cases; the proportion of perfect results, 909·1, showing a decrease of 46·9.

The total number of primary vaccinations was 2,914, of which 112 were failures, the proportion of successful results being thus 961·6, an increase of 11·1 as compared with 1893. There were 276 re-vaccinations, of which 251

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were successful, a proportion of 909·4 per 1,000, a decrease of 50·6 as compared with the preceding year. The total number vaccinated was 3,190, and 3,053, or 957·0 per 1,000, were successful, higher than the corresponding ratio for 1893 by 6·2.

Small-pox.—During the year in the United Kingdom 11 men were attacked with small-pox, and 3 cases occurred among the women, but none among the children, and no death occurred. In the colonies 2 men were attacked, but no death is returned. In India 13 cases with 3 deaths are recorded amongst the men, and there was one admission each among women and children. In Egypt there were no cases among the men, but one woman and one child were attacked, neither being fatal. On board ship one man died from this disease. The total numbers were 27 cases with 4 deaths among men, 5 cases among women, and 2 among children. The ratios of attacks to strength are for men ·13, for women ·32, and for children ·07 per 1,000, the ratio of mortality being ·02 for men and *nil* for women and children. In the previous year the ratio of prevalence among men was ·25, and among women ·13, while the mortality rate among men was ·02 per 1,000.

ON THE RECRUITING OF THE ARMY.

Is is shown by the Annual Returns of Principal Medical Officers, that the number of recruits inspected during the year was 61,985; of these, 25,074 were rejected as unfit, equal to a ratio per 1,000 of 404·51. The remaining 36,911, or 595·49 per 1,000, were found fit for the service.

The subjoined table shows the number inspected, the number rejected, and the ratios of rejections per 1,000 examined:—

TABLE I.

Number of Recruits Inspected.	Number Rejected.			Ratio of Rejections per 1,000 inspected.		
	On Inspection.	Unfit within Three Months of Enlistment.	Total.	On Inspection.	Unfit within Three Months of Enlistment.	Total.
61,985	24,705	369	25,074	398·56	5·95	404·51

It will be observed that of the total number found unfit, 369 men, after having passed at first, were found to have become unfit, or not likely to become efficient soldiers, within three months of enlistment.

These recruits were forthwith discharged under the provisions of para. 107 M. (*d.*) Section XIX., Queen's Regulations and Orders for the Army, as all recruits pass through a period of probationary training before being finally accepted. Excluding these the number of men rejected on inspection was 24,705, or 398·56 per 1,000.

Compared with the corresponding ratios of the previous year a decrease of 6·98 per 1,000 is seen in the ratio of rejection on inspection, but an increase of ·62 in that of those rejected after three months. The total ratio of rejection has, therefore, decreased by 6·36, the ratio of men found fit having increased by the same amount.

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The native countries of recruits, the ratios of rejection, and the proportion per 1,000 furnished by each country are given in the following table:—

TABLE II.

Native Countries of Recruits.	Number Inspected.	Number Rejected.	Ratio Rejected per 1,000 Inspected.	Proportion per 1,000 Recruits furnished by each Country.
England and Wales - - -	48,165	19,971	412·07	782
Scotland - - - - -	5,380	2,000	371·75	87
Ireland - - - - -	7,401	2,851	385·22	119
British Colonies and Foreign Countries - - - - -	739	252	341·00	11
Total - -	61,985	25,074	404·51	1,000

Compared with the similar table in the report for the previous year, the ratio of rejection of recruits born in England and Wales has decreased by 1·23, in that of recruits born in Scotland by 23·80, and in the ratios of those born in Ireland and the Colonies or foreign countries have declined by 22·09 and 13·02 per 1,000 respectively.

Of 1,000 recruits inspected 782 were natives of England and Wales, being one more than in the previous year, 87 were natives of Scotland, being 3 more than in last year, 119 were natives of Ireland, or 5 less than last year, and there were 12 born in the Colonies or foreign countries, which is one in excess of last year's proportion.

In the succeeding table the number of recruits for each arm of the service is shown as far as possible, also the number rejected, the ratios of rejection, and the proportion per 1,000 for each arm of the service inspected.

As the particular arm is not stated in some of the returns a number of men are shown as enlisted for General Service.

TABLE III.

Arms of the Service.	Number Inspected.	Number Rejected.	Ratio of Rejections per 1,000 of Recruits Inspected for each Arm of the Service.	Proportion for each Arm of the Service per 1,000 Inspected.
Household Cavalry - - -	330	168	509·09	5
Cavalry of the Line - - -	3,835	1,473	384·09	62
Royal Artillery - - -	5,674	2,186	385·27	92
Royal Engineers - - -	1,205	484	401·66	19
Foot Guards - - - -	1,518	611	402·50	25
Infantry Regiments - - -	34,793	14,199	408·10	561
Departmental Corps - - -	1,598	658	408·64	26
General Service - - -	13,032	5,300	406·69	210
Total - - -	61,985	25,074	404·51	1,000

Compared with the return for 1893, the ratio per 1,000 rejected has increased by 61·21 in the Household Cavalry, by 35·17 in the Royal Engineers, followed

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by 32·89 for General Service, 19·72 in Departmental Corps, 4·56 in the Foot Guards, and 2·35 in the Royal Artillery. A decrease of 24·70 is noted in the Cavalry, and one of 22·33 in the Infantry.

The proportion of recruits for each arm of the service per 1,000 inspected, as compared with 1893, shows an increase of 29 for General Service, 2 in the Royal Engineers, and 1 in the Departmental Corps, but a decrease is observed in the Infantry, Royal Artillery, Foot Guards, and Household Cavalry of 15, 14, 2, and 1 respectively.

In Table IV. are shown the occupations of recruits previous to enlistment, the ratio rejected per 1,000 of each group of occupations, and the proportion of each group in every 1,000 men inspected:—

TABLE IV.

Occupations of Recruits.	Number inspected.	Number rejected.	Ratio rejected per 1,000 inspected.	Proportion of each Group in 1,000 Recruits inspected.
1. Labourers, Servants, Husbandmen, &c.	40,315	16,546	410·42	651
2. Manufacturing Artizans (as Clothworkers, Weavers, Lace Makers, &c.).	9,115	3,936	431·82	147
3. Mechanics employed in Occupations favourable to physical development (as Smiths, Carpenters, Masons, &c.).	6,137	2,369	386·02	99
4. Shopmen and Clerks - -	3,971	1,687	424·83	64
5. Professional Occupations, Students, &c.	760	297	390·79	12
6. Boys - - - -	1,687	239	141·67	27
Total - - -	61,985	25,074	404·51	1,000

Compared with the previous year it will be seen that there is a decrease in the proportion rejected in Classes I., II., IV., and VI. of 6·93, 7·00, 2·33, and 2·76 per 1,000 respectively, whilst an increase of ·17 and 37·29 per 1,000 will be found in Classes III. and V.

The proportion of the different classes of occupations among 1,000 recruits inspected, compared with 1893, shows a decrease of 22 in Class I., whilst an increase of 4, 6, 7, 2 and 3 is observed in Classes II., III., IV., V., and VI. respectively.

The following table gives the number of recruits rejected on inspection during the year according to the different causes of rejection arranged in classes, and the ratio per 1,000 of rejection in each class. Similar information is given regarding recruits unfit within three months of enlistment:—

TABLE V.

Causes of Rejections in Classes.	Total inspected, 68,761.			
	Number rejected on Inspection.	Ratio per 1,000 rejected on Inspection.	Unfit within Three Months of Enlistment.	Ratio per 1,000 rejected as Unfit within Three Months of Enlistment.
1. Syphilis - - - -	314	5·07	1	·02
2. Scrofula - - - -	156	2·52	3	·05
3. Tubercle - - - -	36	·58	4	·06
4. Impaired Constitution and Debility.	310	5·00	17	·27
5. Other General Diseases - -	173	2·81	11	·18
6. Diseases of Nervous System -	50	·81	21	·34

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Causes of Rejections in Classes.	Total inspected, 68,761.			
	Number rejected on Inspection.	Ratio per 1,000 rejected on Inspection.	Unfit within Three Months of Enlistment.	Ratio per 1,000 rejected as Unfit within Three Months of Enlistment.
7. Weakness of Intellect - -	101	1·63	67	1·08
8. Defective Vision - - -	2,659	42·90	6	·10
9. Diseases of Eyes and Eyelids -	111	1·79	4	·06
10. Diseases of Nose and Mouth -	53	·86	2	·03
11. Disease of Ears - - -	152	2·45	13	·21
12. Deafness - - - -	82	1·32	4	·06
13. Impediment of Speech - -	94	1·52	—	—
14. Disease of Heart - - -	1,216	19·62	39	·63
15. Disease of Arteries (Aneurysm) -	5	·08	—	—
16. Disease of Veins (Varix) - -	982	15·84	25	·40
17. Disease of Lungs (except Tubercle).	71	1·15	1	·02
18. Loss or Decay of many Teeth -	1,008	16·26	12	·19
19. Hernia - - - -	431	6·95	36	·58
20. Laxity of Abdominal Rings -	137	2·21	—	—
21. Hæmorrhoids - - -	77	1·24	1	·02
22. Diseases of the Urinary Organs -	43	·65	8	·13
23. Varicocele - - - -	883	14·25	10	·16
24. Other Diseases of the Genital Organs (not Syphilitic).	93	1·50	—	—
25. Defects of Upper Extremities, from Fracture, Contraction, Luxation, &c.	359	5·79	4	·06
26. Defects of Lower Extremities, from Fracture, Contraction, Luxation, &c.	1,081	17·44	34	·55
27. Flat Feet - - - -	912	14·71	17	·27
28. Diseases of Joints - - -	155	2·50	—	—
29. Other Affections of Bones and Muscles.	130	2·10	7	·11
30. Ulcers, Wounds, and Cicatrices -	132	2·13	4	·06
31. Other Affections of the Cutaneous System.	292	4·71	5	·08
32. Malformation of Ears - -	1	·02	—	—
33. Malformation of Nose and Mouth	7	·11	—	—
34. Malformation of Chest and Spine	396	6·39	4	·06
35. Malformation of Urinary or Genital Organs.	33	·53	—	—
36. Under Height - - -	1,777	28·67	—	—
37. Under Chest Measurement -	6,835	110·27	5	·08
38. Under Weight - - -	2,455	39·61	—	—
39. Apparent Age not in accordance with Regulations.	449	7·24	—	—
40. Not likely to become efficient -	435	7·02	4	·06
41. Over height - - -	19	·31	—	—
Total rejected - -	24,705	398·56	369	5·95

United Kingdom.

Defective development, that is under the standard for height, chest measurement, and weight, caused a large number of rejections, the ratio being 178·55 per 1,000, a decrease of 3·23 as compared with the previous year's rate. Deficient chest measurement gave the highest ratio of rejections, viz., 110·27 per 1,000, higher by 1·72 than the corresponding rate for 1893; the ratio of rejections for being under weight equalled 39·61 per 1,000, a fractional decrease as compared with last year; and the ratio of rejections for being under height was 28·67, which shows a decrease of 4·57.

Among other causes of rejection the most frequent was defective vision, the ratio being 42·90 per 1,000, as compared with 41·51 in the preceding year. Next in order comes heart affections 19·62, defects of lower extremities 17·44, loss of teeth 16·26, and diseases of the veins 15·84, per 1,000. Of the number found unfit within three months of enlistment, the chief causes of rejection were weakness of intellect, heart disease, defects of the lower extremities, and diseases of the veins.

Ages, Heights, Weights, and Chest Measurements of all Recruits finally approved for Service during the Year.

In the following table are shown the ages of all recruits finally approved for service, and the proportion of each age per 10,000:—

TABLE VI.

Ages.	Numbers finally approved for Service.	Proportion per 10,000.
Boys under 17 years - - - -	1,448	392
From 17 to 18 „ - - - -	353	96
„ 18 to 19 „ - - - -	15,612	4,229
„ 19 to 20 „ - - - -	7,659	2,075
„ 20 to 21 „ - - - -	3,897	1,056
„ 21 to 22 „ - - - -	3,059	829
„ 22 to 23 „ - - - -	2,115	573
„ 23 to 24 „ - - - -	1,406	381
„ 24 to 25 „ - - - -	1,105	299
25 years and upwards - - -	257	70
Total - - -	36,911	10,000

As in the previous year the age at which the greatest number of recruits were accepted was between 18 and 19 years of age, the proportion being 4,229 out of 10,000, which is higher than that with which it corresponds in the previous year by 153, the next proportion, 2,075, between 19 and 20 years, is less than half the foregoing, but is above the corresponding proportion in the preceding year; the proportion next in order, 1,056, between 20 and 21 years, shows a decrease as compared with 1893.

United Kingdom.

The next table gives the heights of recruits finally approved, and the proportion of each height per 10,000. It also gives the heights of recruits finally approved, arranged in series according to age, together with the proportion per 10,000 of each height at each age:—

TABLE VII.

Heights of Recruits finally approved for Service.	Boys under 17 Years.	Between 17 and 18.	Between 18 and 19.	Between 19 and 20.	Between 20 and 21.	Between 21 and 22.	Between 22 and 23.	Between 23 and 24.	Between 24 and 25.	25 Years and upwards.	Total at each Height.
ft. in. ft. in. Under 5 3 -	1,186	13	21	8	4	3	2	1	2	1	1,241
5 3 to 5 4 -	126	67	1,689	556	145	79	48	30	25	14	2,779
5 4 to 5 5 -	48	100	3,981	1,618	702	519	311	206	117	21	7,623
5 5 to 5 6 -	50	67	3,956	1,569	769	598	411	252	195	34	7,901
5 6 to 5 7 -	20	42	2,265	1,344	716	566	423	275	226	46	5,923
5 7 to 5 8 -	10	35	1,670	1,051	549	466	305	229	179	36	4,530
5 8 to 5 9 -	4	20	1,012	613	428	372	275	173	146	43	3,086
5 9 to 5 10 -	2	8	594	474	284	261	179	127	103	30	2,062
5 10 to 5 11 -	1	1	267	237	164	121	89	59	67	16	1,022
5 11 to 6 0 -	1	—	97	115	83	40	51	29	34	8	463
6 0 and upwards	—	—	60	74	48	34	21	25	11	8	281
Totals at each age	1,448	353	15,612	7,659	3,897	3,059	2,115	1,406	1,105	257	36,911

Heights of Recruits finally approved for Service.	Proportions per 10,000 at each Age.										Total Proportion of each Height per 10,000.
	Boys under 17 Years.	Between 17 and 18.	Between 18 and 19.	Between 19 and 20.	Between 20 and 21.	Between 21 and 22.	Between 22 and 23.	Between 23 and 24.	Between 24 and 25.	25 Years and upwards.	
ft. in. ft. in. Under 5 3 -	8,191	368	13	10	10	10	10	7	18	39	336
5 3 to 5 4 -	870	1,898	1,082	726	372	258	227	213	226	545	753
5 4 to 5 5 -	331	2,833	2,550	2,113	1,802	1,697	1,471	1,465	1,059	817	2,065
5 5 to 5 6 -	345	1,898	2,534	2,049	1,973	1,955	1,943	1,792	1,765	1,323	2,141
5 6 to 5 7 -	138	1,190	1,451	1,755	1,837	1,850	2,000	1,956	2,045	1,790	1,605
5 7 to 5 8 -	69	991	1,070	1,372	1,409	1,523	1,442	1,629	1,620	1,401	1,227
5 8 to 5 9 -	28	567	648	800	1,098	1,216	1,300	1,231	1,321	1,673	836
5 9 to 5 10 -	14	227	381	619	729	853	846	903	932	1,167	559
5 10 to 5 11 -	7	28	171	309	421	396	421	420	606	623	277
5 11 to 6 0 -	7	—	62	150	226	131	241	206	308	311	125
6 0 and upwards	—	—	38	97	123	111	99	178	100	311	76
Total -	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000

Compared with a similar return for the preceding year it is observed that the proportion of recruits between 5 feet 10 inches and 5 feet 11 inches per 10,000 approved has increased by 65, that of 5 feet 3 inches to 5 feet 4 inches by 64, under 5 feet 3 inches and from 5 feet 4 inches to 5 feet 5 inches by 34 each,

United Kingdom.

5 feet 9 inches to 5 feet 10 inches and from 5 feet 11 inches to 6 feet by 20 respectively, and for over 6 feet by 8. The most marked instance of decrease was 125, in the proportion of recruits between 5 feet 5 inches and 5 feet 6 inches, followed by 59 between 5 feet 6 inches and 5 feet 7 inches, 33 between 5 feet 7 inches and 5 feet 8 inches, and 28 between 5 feet 8 inches and 5 feet 9 inches.

Omitting boys, the highest proportion of recruits at any age of any height per 10,000 finally approved was 2,833 between 17 and 18 years of age and from 5 feet 4 inches to 5 feet 5 inches in height. In the previous year the highest proportion was of the same age and height as in the year under report.

The next table shows the weights of the recruits who were finally approved, and the proportion of each weight per 10,000. It also shows the weights of these recruits arranged in series according to age, together with the proportion per 10,000 of each weight at each age:—

TABLE VIII.

Weights of Recruits finally approved for Service.	Boys under 17 Years.	Between 17 and 18.	Between 18 and 19.	Between 19 and 20.	Between 20 and 21.	Between 21 and 22.	Between 22 and 23.	Between 23 and 24.	Between 24 and 25.	25 Years and upwards.	Total at each Weight.
Under 100 lbs. -	1,102	3	1	—	—	—	—	—	—	1	1,107
100—110 lbs. -	219	13	26	4	2	1	—	1	—	1	267
110—120 " -	97	146	4,684	1,453	471	276	181	105	43	9	7,465
120—130 " -	23	118	6,545	2,855	1,085	901	541	339	237	47	12,691
130—140 " -	6	53	3,086	2,187	1,196	992	646	419	294	48	8,927
140—150 " -	—	16	1,012	804	740	522	445	299	277	63	4,178
150—160 " -	—	2	199	273	271	256	207	146	164	43	1,561
160—170 " -	—	—	52	63	91	90	74	73	69	28	540
Upwards of 170 lbs.	—	—	7	20	40	21	20	24	21	17	170
Totals at each age	1,447	351	15,612	7,659	3,896	3,059	2,114	1,406	1,105	257	36,906

Weights of Recruits finally approved for Service.	Proportions per 10,000 at each Age.										Total Proportion of each Weight per 10,000.
	Boys under 17 Years.	Between 17 and 18.	Between 18 and 19.	Between 19 and 20.	Between 20 and 21.	Between 21 and 22.	Between 22 and 23.	Between 23 and 24.	Between 24 and 25.	25 Years and upwards.	
Under 100 lbs. -	7,616	85	1	—	—	—	—	—	—	39	300
100—110 lbs. -	1,514	370	17	5	5	3	—	7	—	39	72
110—120 " -	670	4,160	3,000	1,897	1,209	902	856	747	389	350	2,023
120—130 " -	159	3,362	4,193	3,728	2,785	2,945	2,559	2,411	2,145	1,829	3,439
130—140 " -	41	1,510	1,977	2,856	3,070	3,243	3,056	2,980	2,661	1,868	2,419
140—150 " -	—	456	648	1,050	1,899	1,707	2,105	2,127	2,507	2,451	1,132
150—160 " -	—	57	127	356	695	837	979	1,038	1,484	1,673	423
160—170 " -	—	—	33	82	233	294	350	519	624	1,090	146
Upwards of 170 lbs.	—	—	4	26	103	69	95	171	190	661	46
Totals at each age	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000

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Compared with corresponding results in the preceding year an increase of 126 has occurred in the proportion of recruits between 120 and 130 lbs. in weight per 10,000 finally approved, and there is also an increase of 19 in the proportion of recruits under 100 lbs. in weight. The proportion of recruits between 140 and 150 lbs. in weight has decreased by 44, that of recruits between 150 and 160 lbs. in weight by 32, that of those between 130 and 140 lbs. in weight by 26, those between 100 and 110 lbs. and 110 and 120 lbs. in weight by 18 respectively, and that of recruits between 160 and 170 lbs. in weight by 7. The proportion of recruits over 170 lbs. in weight, 46, is the same as that in the preceding year.

Omitting boys, the highest proportion of recruits at any age and of any weight was 4,193 among recruits of between 18 and 19 years of age, and between 120 and 130 lbs. in weight, the next proportion, however, 4,160 was only just below, being that among recruits between 17 to 18 years of age and between 110 and 120 lbs. in weight.

In the next table is shown the chest measurements of recruits finally approved and the proportion of each measurement per 10,000. It also shows the chest measurements of these recruits arranged in series according to age, together with the proportion per 10,000 of each chest measurement at each age.

TABLE IX.

Chest Measurement of Recruits finally approved for Service.	Boys under 17 Years.	Between 17 and 18.	Between 18 and 19.	Between 19 and 20.	Between 20 and 21.	Between 21 and 22.	Between 22 and 23.	Between 23 and 24.	Between 24 and 25.	25 Years and upwards.	Total at each Chest Measurement.
Under 31 inches -	1,193	8	8	1	—	—	—	—	—	1	1,211
31—32 inches -	170	27	115	27	10	4	2	—	—	—	355
32—33 „ -	58	109	2,874	822	243	143	51	29	37	6	4,372
33—34 „ -	14	115	6,183	2,557	1,055	737	420	263	169	30	11,543
34—35 „ -	9	69	4,577	2,504	1,341	1,103	784	487	328	68	11,270
Above 35 inches -	4	25	1,855	1,748	1,248	1,072	858	627	571	152	8,160
Totals at each age	1,448	353	15,612	7,659	3,897	3,059	2,115	1,406	1,105	257	36,911

Chest Measurement of Recruits finally approved for Service.	Proportions per 10,000 at each Age.										Total proportion of each Chest Measurement per 10,000.
	Boys under 17 Years.	Between 17 and 18.	Between 18 and 19.	Between 19 and 20.	Between 20 and 21.	Between 21 and 22.	Between 22 and 23.	Between 23 and 24.	Between 24 and 25.	25 Years and upwards.	
Under 31 inches -	8,239	226	5	1	—	—	—	—	—	39	328
31—32 inches -	1,174	765	73	35	26	13	9	—	—	—	96
32—33 „ -	400	3,088	1,841	1,073	624	468	241	206	335	234	1,185
33—34 „ -	97	3,258	3,961	3,339	2,707	2,409	1,986	1,871	1,529	1,167	3,127
34—35 „ -	62	1,955	2,932	3,270	3,441	3,606	3,707	3,464	2,968	2,646	3,053
Above 35 inches -	28	708	1,188	2,282	3,202	3,504	4,057	4,459	5,168	5,914	2,211
Total -	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000

United Kingdom.

Compared with the return of the preceding year it is observed that an increase of 147 has occurred in the proportion of recruits over 35 inches chest measurement per 10,000 finally approved, also one of 100 in the proportion of recruits between 32 and 33 inches chest measurement, and one of 28 in that under 31 inches chest measurement, but there is a decrease of 133 in the proportion of recruits between 33 and 34 inches chest measurement, one of 128 in that of recruits between 34 and 35 inches chest measurement, and one of 14 in that of recruits between 31 and 32 inches chest measurement.

Omitting boys, the highest proportion at any age and of any chest measurement was 5,914 in men of 25 years of age and above 35 inches chest measurement, the next being 5,168 among men a year younger, but these were dependent on comparatively few inspections. Taking the ages at which the greater number of recruits enlist it is found that there was a high proportion, 3,961 out of 10,000 recruits between 18 and 19 years of age and between 33 and 34 inches chest measurement. This was also the case in the previous year.

From the foregoing figures it has been calculated that, excluding boys under 17 years of age, the average age of recruits finally approved during the year was 19·4 years, the average height 5 feet 5·8 inches, the average weight 124·9 lbs. and the average chest measurement 33·6 inches. In the previous year the corresponding averages were age 19·4 years, height 5 feet 5·8 inches, weight 125·1 lbs., and chest measurement 33·6 inches.

The next table shows the state of education of recruits finally approved, together with the proportion per 1,000 of those well educated, able to read and write, able to read only, or unable to read.

TABLE X.

—	Numbers finally approved.	Proportion per 1,000.
Well educated - - - -	2,275	62
Able to read and write - - -	33,198	899
Able to read only - - - -	521	14
Unable to read - - - -	917	25
Total - - - -	36,911	1,000

Compared with the corresponding return for the previous year an increase of 22 has occurred in the proportion of recruits able to read and write, but there is a decrease of 13 in the proportion of recruits returned as well educated, one of 2 in that of recruits able to read only, and one of 7 in that of those unable to read.

HOME STATIONS.

Sanitary Conditions.

North-eastern District.

United Kingdom.

The Principal Medical Officer, Surgeon-Colonel J. W. Maxham, M.D., states that the general health of the troops in the district has been good, and that the sanitary condition of the barracks and surroundings, has, on the whole, been satisfactory. At the more elevated and exposed stations as Beverley, Halifax, Lincoln, Pontefract, Richmond and Scarborough, medical officers generally remark upon the difficulty of efficiently warming the barrack rooms and hospitals in the severe weather, under existing arrangements, but no consequent sickness seems to have resulted. The state of the latrines, urinals, and ashpits, has been generally satisfactory. The means for bathing, and the ablution rooms at some stations, particularly at Sheffield and York, call for improvements. The state of drainage and sewerage was good, the rations, without exception, good and sufficient, and the cooking arrangements gave satisfaction. The water supply, with the exception of that at Lincoln, was good and ample for requirements. The hospital accommodation was all that could be desired, one station excepted, Bradford, where the construction of the buildings is obsolete and faulty. No over-crowding in either barracks, hospitals, guard-rooms or cells. From stations where a regulation gymnasium or a modified one exists favourable reports have been received on the result of the training in developing recruits.

North-western District.

The Principal Medical Officer, Surgeon-Colonel H. S. Muir, M.D., reports that the health of the troops in the district has been satisfactory. The most important points in connection with sanitary matters at the different stations are subjoined :—

At Ashton-under-Lyne the drainage system was about to be re-laid. The barracks would accordingly be vacated and the Depôt moved to Preston. At Birmingham, wards for isolation and for prisoners would be a desideratum. At Burnley a sum of money has been granted to commence the reconstruction of the barracks. The sewers and drains are intricate and thorough exploration is needed, particularly in regard to the drains under the hospital. At Carlisle, a drill shed for use during the winter months would be a great advantage. At Chester, an isolation ward in the hospital is wanted, and the mortuary is badly situated. The position of the hospital building is not satisfactory as it is not surrounded by sufficient space. Fleetwood is considered a very healthy place, especially where the hutments are situated, and has been used during the year as a sanitarium, with marked effect upon the health of the men sent there for change. At Lancaster, the sleeping rooms in the married quarters are very cold and damp in winter. Recommendations were made with a view to remedy this. At Lichfield, a new block of barracks, three new blocks of married quarters and other buildings were taken into occupation during the year. At Seaforth the water supply is not well protected against frost; the baths provided are too large, involving an excessive supply of water, and no hot water is available. A receiving room for recruits is wanted. In the station hospital the space for the examination of recruits is very limited. At Warrington a hut for 40 men was taken into occupation, and new married quarters were being constructed. At Altcar some recommendations concerning the water supply, the screening of the cocking places, and the issue of flannel underclothing, were considered necessary.

United Kingdom.

Eastern District.

The Principal Medical Officer, Surgeon-Colonel W. A. Catherwood, M.D., reports that the health of the troops has been good, and that no case of disease occurred which could be attributed to any local insanitary condition. At Colchester, cupboards for food have been provided in some of the blocks of soldiers quarters, and the surface drainage and urinals improved. At Warley, the main outfall drain from the straining chamber has been relaid for a considerable distance. At Harwich, cupboards for food, and more windows provided. At Landguard Fort, the roofs of officers' and men's quarters in Casemated Battery re-asphalted. At Bury St. Edmund's, the drainage in rear of the soldier's blocks taken up and relaid. At Ely, the main drain from guard room, latrines, cells, married quarters, and stable yards, renewed. At Ipswich, in the Royal Artillery married quarters, water laid on, and sinks provided, and the walls of the prisoners' rooms concreted to remedy dampness. Drainage has been renewed at Great Yarmouth and Weedon; and improvements to the men's latrines and man holes, carried out at Bedford, and a flushing tank also provided. Gymnasia at Colchester, Warley, and Bury St. Edmund's, exercise a beneficial effect on the men.

Western District.

The Principal Medical Officer, Surgeon-Colonel F. H. Welch, states that among the reports from stations in no instances have the existent diseases been referred to existent defects. The leading sanitary improvements effected were better latrines at Raglan Barracks, lengthening of sewers at bathing place for Devonport, and progress in married quarters at Pembroke Dock. A temporary want has been met at the hospital at the latter station by bringing into sick use an adjacent medical officers' quarters in a substantial brick building. As bearing on the future, the greater sanitary wants are stated as follows:—Complete renovation of the Citadel and Millbay Barracks, Plymouth; replacement of the wooden huts at Pembroke Dock by substantial structures; re-erection of burnt block of the Station Hospital, Devonport, and erection of a new hospital (embracing provision for men, women, and children, and for infectious and special cases) at Pembroke Dock.

At the recruiting depôts the want of proper accommodation for the examination, &c. of recruits is much felt.

The results of gymnastic training in all instances have been good.

Southern District.

The Principal Medical Officer, Surgeon-Major-General J. Davis, reports that the general health of the troops during the year has been good, and compares favourably with last year, also with the average of the previous eight years, 1886–1893, and the sanitary condition of the various stations, with a few exceptions were also satisfactory. The following sanitary improvements were effected:—Portsmouth, Anglesey Barracks, and Provost Prison, drainage remodelled; Victoria Barracks, drain relaid and man-holes remodelled; Milldam Barracks, drainage remodelled; Cambridge Barracks, concrete floor provided in cookhouse; No-Man's Fort, latrines erected outside; Hilsea, flushing tank provided for main barrack sewer; Fort Brockhurst, drainage improved, camping ground levelled and drained at Browndown; Devizes, subsoil irrigation drainage being reconstructed; Dorchester, ventilating grates substituted for obsolete open grates in barrack-rooms; Portland, Station Hospital soil pipes ventilated and disconnecting pit made. Golden Hill Fort, new main drain provided from fort to sea; reservoir completed and water laid on to

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Cliff End, Forts Albert and Victoria; Parkhurst (Isle of Wight), general improvement of the drainage of officers' quarters being carried out. Among defects that have been noticed, and recommendations made, are—warming of prisoners' room and guard-room, New Barracks, Gosport, defective; Hilsea, Fort Purbrook, the absorption pit for surface and ablution water insufficient; another is to be sunk, and any overflow conducted to a sewage garden; Portland, latrine and urinal required for guard-room; Christchurch, proposed to have the water supply from the municipal authorities, whose works are nearly completed; Parkhurst, drains connected with officers' quarters suspected of being out of order; sanction to place them in perfect order obtained. Gymnastic training has materially improved the physique of the men, especially the recruits, and and appears to have had a beneficial effect on their general health.

Netley.

The Principal Medical Officer, Surgeon-Major-General C. H. Girand, states that the sanitary arrangements of the Royal Victoria Hospital were satisfactory. Ten cases of erysipelas occurred among foreign invalids during the year, and were attributed to defective flooring, among other causes. In accordance with the recommendation of the Army Sanitary Committee, the floor of the surgical division will be relaid. The latrines are in progress of reconstruction on a better system. The kitchens were clean and in good order, and the state of cooking very good. The rations were good.

The medical officer in charge of the lunatic hospital reports that the sanitary condition of the hospital buildings has been fairly satisfactory; defects were remedied when discovered.

Towards the close of the year a large section of the drainage system was exposed for inspection, and instructions were given for this portion, its level having sunk, through process of time, to be at once relaid. The urinals in the corridors are not quite satisfactory, and due representations are to be made.

The South Hants water supply was recently introduced, and is an important improvement.

Thames District.

The Senior Medical Officer, Brigade-Surgeon-Lieutenant-Colonel J. Williamson, M.B., reports that the chief causes which have affected the health of the troops during the past year, as far as Chatham itself is concerned, were of climatic nature, consequent upon the prevalence of east winds and fogs, the sudden and considerable changes of temperature, and exposed position. Sheerness, owing to somewhat similar conditions, and to the fact that the surrounding country is low-lying and marshy, does not enjoy a good reputation as a healthy station.

The surroundings at Shoeburyness are still unsatisfactory. The outlet of the village sewer, the general sanitary conditions of the foreshore, and the neighbouring villages are a continual menace to the health of the troops. The entire drainage and water supply of the surrounding villages are both under the consideration of the local authorities, and the opening of the village sewer has been improved by a flushing tank, and by enlargement of the chamber. At Gravesend the system of drainage and sewerage has been relaid and completed with latest improvements. Increased facilities for ablution have been made in laying on of hot and cold water. The variety of the cooking and the increased interest taken in the soldiers' diet, have had good results. The married quarters at Fort Tilbury, Gravesend, are very damp, due to a great extent to the nature of the soil. The matter is having due consideration.

Improved latrine accommodation has been provided at Shoeburyness, both in the officers' quarters and in the station hospital. The ventilation in some of the barrack-rooms reconstructed and improved, and the packstore of station hospital enlarged. At St. Mary's Barracks, Chatham, four blocks of new married quarters have been built, and they are excellent in every way. The effects of gymnastic training on the health and physique of the troops have been marked.

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South-eastern District.

The Principal Medical Officer, Surgeon-Colonel T. F. O'Dwyer, M.D., reports that the health of the troops has been good, when compared with the previous year. The sanitary condition of Canterbury Barracks has progressively improved by the remodelling of the drains. At Shorncliffe a commencement has been made in abolishing the dry earth on "pail" system of conservancy. The camp drains are connected with those of the Cheriton Sanitary Authority, by which all fluid excreta from the urinals and stables, and solid and fluid sewage from officers' quarters are removed by water, and an extension of this arrangement is to be carried out. At Hythe the conservancy improved. At Lydd hut accommodation for 300 men completed, and the conservancy of the camp is improved by the application of Condor's process to disinfect urine. A comfortable station hospital for 20 beds has likewise been finished. At Brighton, all earth-closets converted into waterclosets in connexion with the town drains. Dover Castle, old-fashioned barrelbrick drains replaced by those of a modern kind. At Eastbourne the drainage of the military buildings is under notice, and also a proposal for the abolition of all dry earth closets.

Home District.

The Principal Medical Officer, Surgeon-Colonel C. F. Churchill, M.B., states that the drainage at the Windsor Cavalry Barracks, which was last year reported as unsatisfactory, is now being taken in hand, and will be thoroughly and completely relaid. At Kingston, the situation of the barracks being so low, there is some difficulty, during floods, in the emptying of the drains, sewage becoming "backed up" at times. To this, partially, at all events, the prevalence of sore throat amongst the military and civil population is attributed. At Caterham the drainage has been improved. A receiving room for recruits is much required at Reading. The drainage at the Tower of London, which was discovered to be defective, is now being relaid, and will, it is hoped, be thoroughly satisfactory when completed. At Kneller Hall the drainage has been examined and renewed in part. Ventilation for drains in officers' quarters also provided.

Woolwich District.

The Principal Medical Officer, Surgeon-Colonel A. F. Churchill, M.D., states that several sanitary improvements have been effected during the year. In the Herbert Hospital new apparatus fixed in some of the waterclosets, in place of the obsolete arrangements which were constantly getting out of order, and the work is to be continued till all are renewed. In the barracks similar improvements have been carried out, traps have been fixed to waste pipes, drains in some cases relaid, some more iron dustbins provided, and some urine tub stands have been renewed. The ventilation of the barracks is fair, but the buildings are so close together that it is difficult to get pure air into the

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rooms, especially as in the majority the rooms are back to back so that there is no through ventilation. It is under consideration to either repair the present drains of the Royal Artillery Barracks or lay new ones altogether. The hot water installation in these barracks gives great satisfaction.

Recruits, which form a large proportion of this garrison, are regularly put through a course of gymnastics with decided benefit to their physique.

Aldershot Division.

The Principal Medical Officer, Surgeon-Major-General H. F. Paterson, M.D., states that the year in review has been a healthy one, and there were no special causes at work in the production of disease. The construction of the accessories, such as kitchens, guard-rooms, latrines, &c., has gone on steadily, and most of the blocks of barracks are now completed as regards these buildings. The sewerage of the camp is being efficiently carried out, and the improvement in the drainage of the camp has been great, and shown itself in a reduction in the amount of preventible disease.

The hospital accommodation is, however, quite inadequate for the wants of the camp. A hospital for infectious diseases is greatly needed, as is also a hospital for the soldiers' families.

The sewage farm continued a menace to the health of the camp, and formed the subject of many representations.

Several new blocks of married quarters for warrant and non-commissioned officers and men have been completed and occupied. The removal of families from the old and often insanitary huts has been as beneficial to their health as it has been conducive to their comfort.

The canteens and recreation rooms are excellent. The kitchens are well kept, and the food is well cooked. The ventilation of the barracks and guard-rooms has been satisfactory.

The gymnastic training afforded to the troops is valuable, and has had a good effect on their health.

Channel Islands.

The Senior Medical Officer, Brigade-Surgeon-Lieut.-Colonel J. F. Supple, reports that the barrack accommodation throughout the Islands is generally satisfactory. No complaints were made regarding the water supply, and, in fact, no report was received of any defects which would be likely to injure or impair the health of the troops.

The want of a properly equipped gymnasium is again adverted to. Several improvements in sanitation have been carried out with beneficial results. At Elizabeth Castle, Jersey, ventilation pipe to drain in married soldiers' quarters, and provision of bath-room in infectious ward of station hospital. At Fort Regent, drainage repaired and cistern for watercloset provided. At Guernsey, mortuary improved and a new coal-shed provided. At Alderney, hot water pipes laid down from kitchen to the bath in the basement of station hospital.

Scottish District.

The Officiating Principal Medical Officer states that the sanitary condition of the barracks, hospitals, married quarters, military prisons, guard-rooms, cells, &c., were fairly good, as both the superficial area and cubic space had been ample, and there was no overcrowding. A great many minor sanitary improvements were carried out at different stations during the year. The rations were very good, and the cooking arrangements satisfactory. The change introduced in 1892 with regard to the hours of convalescent meals in the different hospitals throughout the district continues to give general satis-

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faction. At Edinburgh Castle no steps have yet been taken to convert the old ordnance store into a hospital, a matter which has been under consideration for a considerable time. The sick have, accordingly, to be sent to various places for treatment, entailing much hardship and a deal of inconvenience. At Fort George the water supply is still unsatisfactory, but a new filtering medium is now being tried by the Royal Engineers. The well outside the fort, on the Militia camping ground, has been built up and cemented, and a large pump introduced into it. The water is considered very good, and there is an ample supply. The latrines have been completed, and are favourably reported on. New fire grates for the barrack rooms are considered desirable.

Belfast District.

The Principal Medical Officer, Surgeon-Colonel M. Cogan, reports that the general health of the troops has been very good during the year.

The barracks, &c. generally (save defective drainage system at Belfast, which has now, however, been taken in hand and undergoing re-modelling on modern principles) were in a satisfactory sanitary condition. At Belfast several very necessary sanitary improvements, both in connection with the barracks and station hospital, were effected. The present hospital accommodation is found inadequate to meet the requirements of the sick, especially during inclement weather, &c., and an increased number of beds is most desirable. At Drogheda drains repaired and new traps introduced. At Enniskillen a new sewer has been laid down in the street leading to the main barracks. The rations were of very good quality, and the clothing sufficient and suitable. The warming and lighting of barrack-rooms adequate and well maintained.

Dublin District.

The Principal Medical Officer, Surgeon-Major-General J. Colahan, M.D., adverting to the statistical tables, shows that the health of the troops compares favourably with the preceding year. At Portobello Barracks, Dublin, new latrines and washhouses were provided, and some blocks of soldiers' quarters, &c. rebuilt. Beggars Bush Barracks were vacated during the year, to allow of the re-construction of the drainage which is being carried out. The water supply of Richmond Barracks (South end) was insufficient, but a new connection in course of construction was expected to greatly increase the flow. The defective drainage at Island Bridge Barracks is to receive attention when the new system of drainage for Dublin is commenced. At the Royal Barracks new latrines and urinals were erected. At Ship Street Barracks, new water-closets erected, drainage of latrines and urinals renewed, and increased ablution accommodation provided. At Birr a large number of families are obliged to live out of barracks, and the houses in which they have to reside are in most cases in a very insanitary condition. Representations have been made to the Public Health Officer. Gymnastic and physical training is carried out with beneficial results.

Cork District.

The officiating Principal Medical Officer observes that there has been a marked improvement in the health statistics of the troops as contrasted with previous years. Much care and attention were bestowed on sanitation and the amelioration of existing defects. At Ballincollig the new water supply for potable use and flushing purposes was completed, patent flushing tanks fitted to the drain heads, new quarters for warrant officers erected, the canteen tap room was enlarged and hot water plates fitted in the men's kitchens. The most important improvement at Buttevant was the provision of a new and [illegible] overcrowding accommodation [illegible] drainage [illegible] inappropriated [illegible] improvement [illegible] barracks [illegible] connected [illegible] accommodation [illegible] barracks [illegible] drainage [illegible] the district [illegible] were of good quality [illegible] improvements in the messing [illegible]

[illegible]

[illegible] Barry, M.D., [illegible] and some overcrowding occurred [illegible] drainage was in some places imperfect. [illegible] was better than that of those [illegible] of reconstruction are in [illegible] drainage was found to be defective and the [illegible] dry earth system of conservancy was [illegible] water system and a sewage [illegible] system with an intercepting tank at New-[illegible] river Liffey. The water supply obtained [illegible] and distributed in pipes was good in [illegible] It is stated that the gymnastic training [illegible] the health of the troops.

III.—ON THE HEALTH OF THE TROOPS SERVING IN THE MEDITERRANEAN.

Sickness and Mortality.

I.—GIBRALTAR.

Gibraltar.

The average strength of the warrant officers, non-commissioned officers, and men serving in the Command during the year was 4,704, and the force consisted of 7 Companies of the Eastern Division, Royal Artillery, 4 Companies Royal Engineers, a detachment of the 1st Battalion West Yorkshire Regiment, the 2nd Battalion East Lancashire Regiment, the 1st Battalion Middlesex Regiment, the 2nd Battalion King's Royal Rifle Corps, also detachments Army Service Corps, Medical Staff Corps, Ordnance Store Corps, and Garrison Staff.

In the subjoined table will be found the principal statistics of sickness and mortality among the troops in garrison during the year:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
4,704	3,916	12	2	14	64	49	277·57	832·5	2·97	13·60	10·42	59·01

Compared with corresponding ratios in the preceding year, an increase has occurred in the admission rate equal to 35·6 per 1,000, one of 4·22 in the ratio of constantly sick, and one of ·23 in the death-rate. Compared with similar average ratios for the previous ten years, an increase is observed in the admission and average constantly sick rates of ·76·7 and 13·40 respectively, but the death-rate has decreased by 2·04.

The average sick time to each soldier was 21·54 days, longer than the corresponding period in the previous year by 1·54 and than the decennial average period by 4·89 days. The average duration of each case of sickness was 25·87 days, longer than in the previous year by ·78 of a day, and 3·84 days above the average for the previous ten years.

The principal statistics of sickness and mortality in the different corps which served in the garrison during the year, will be found in Abstract XL. From this it will be seen that in the Artillery the highest admission and constantly sick rates were 1009·1 and 81·27 per 1,000 in No. 9 Company, Eastern Division, while in the Infantry the highest rates were 1235·1 and 83·14 respectively in the 2nd Battalion East Lancashire Regiment. Excluding the detachment of the 1st Battalion West Yorkshire Regiment, which only arrived on the 24th November, the lowest rates among Infantry regiments were 702·4 and 53·09 in the 2nd Battalion King's Royal Rifle Corps. With regard to mortality there were four deaths, or 3·39 per 1,000 in the Artillery, one, or 2·97 per 1,000 in the Engineers, and nine, including two of invalids, or 2·99 per 1,000 in the Infantry.

As to the influence of age on sickness and mortality, the admission rate of men under 20 years of age was 997·9 per 1,000, as compared with 828·9 in the previous year; among men between 20 and 25 years, 989·0, as compared with 1052·7; among men between 25 and 30 years the rate was 491·7, as compared tar.

with 512·7, and among men 30 years of age and upwards 298·2, as compared with 271·4. The ratios of mortality were, of men under 20 years, 2·06 per 1,000; of men between 20 and 25 years, 2·11; of men between 25 and 30 years, 1·96, and of men 30 years of age and upwards, 8·77, as compared with ·79, 2·56, 1·81, and 6·96 respectively in the preceding year.

In considering the influence of service in the Command on sickness amongst the troops, it is found that the admission rate of men under one year's service was 1084·4 per 1,000, as compared with 1132·2 in the previous year. Among men in their second year of service the rate was 837·8, as compared with 581·4; among those in their third year, 593·7, as compared with 627·5, falling to 566·9 among men who had been more than three years in the Command. Mortality was highest, 3·12 per 1,000, among men in their first year of service, falling to 2·09 and 2·02 respectively among those in their second and third years, but rising to 3·01 among men who had been three years or more in the Command. In the previous year a similar sequence of ratios occurred, but the highest rate was observed in men in the last-named period.

The admissions, mortality, and invaliding according to the different groups and orders of diseases are shown in Abstract No. II.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—One modified case of *small-pox* occurred in a man who bore satisfactory marks of primary vaccination, but whose re-vaccination "failed"; the disease was prevalent during the whole year among the civil inhabitants. An epidemic existed in the Spanish lines, from which there is a daily influx into Gibraltar of between 4,000 and 5,000 persons. There was much difficulty in detecting cases as many were without medical attendance, and remained, therefore, unnotified. The practice of re-vaccination is almost entirely neglected by the civil population.

Other Eruptive Fevers were represented by two cases of scarlet fever.

Enteric Fever caused 26 admissions and 6 deaths, being in the ratios of 5·5 and 1·27 respectively. The admission rate is higher than in the preceding year by 1·9, but lower than the average for the preceding eight years by 4·9; the mortality rate is higher than that of the previous year by ·64, but lower than the average for eight years by ·41. The per-centage of mortality to attack was 23·1, that in the previous year being 17·6 and the average per-centage for eight years 16·2. In five cases the cause was traced to sewer gas; three of these occurred in a small room at the north end of South Barracks, where a free escape of sewer gas from a drain, under the windows, was discovered. Another case was in an officer's groom, who lived in a small room in a stable yard, which was quite unfit for habitation. The last of these cases came from Rosia Casemates, where the drainage of the latrines was found to be very defective. Of the remaining 21 cases no cause could be traced within the barracks. The disease was slightly more prevalent than usual among the civil population, and the fact of the troops being so intimately mixed with it, and under the same influences, so far as the generally defective drainage of the locality and water supply are concerned, would appear to be sufficient to account for the failure to trace the causation of so large a proportion of cases to defects in barracks. The more important defects in the drainage system exist in the south district, in which there occurred the largest proportion of attacks to strength. The health officer reports that the distribution of enteric fever among the civil inhabitants is exactly similar, and that in proportion to population a much larger ratio of this disease is reported from the south district.

Simple Continued Fever caused 112 admissions, equal to a ratio of 23·8 per 1,000, lower than in the previous year by 4·0, and than the octennial average rate by 2·9 per 1,000. The Principal Medical Officer, Surgeon-Major-General R. Lewer, states that—

"Investigation into the distribution of this disease does not give any definite results. In proportion to strength, practically the same number of cases occurred in the north and south districts. With regard to season, the first four months of the year show by far the fewest number of cases (14); in May, June, and July, the admissions were 15, 10, and 13 respectively. In August, September, and October there was a fall, the admissions being 7, 9, and 7 whereas the last two months of the year again showed a high rate, as many as 18 in November and 14 in December. *Gibraltar.*

"The medical officer in charge of the Station Hospital considers that the milder and shorter cases differ in their etiology from the severer and more protracted ones. The former, he believes, to be due to exposure to chills, and the latter to a specific cause, such as drain effluvia; in fact, he considers them to be practically different diseases. Whatever may be the true explanation of this, the seasonal and local distribution does not appear to throw any light on the question, as the milder attacks show very much the same seasonal curve as the severer cases, and are distributed equally with them in the north and south districts of the fortress.

"The distribution is shown in the following table:—

1894.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Mediterranean type	North	0	1	1	1	4	6	2	3	1	1	6	2	28
	South	1	0	0	0	5	2	4	3	3	1	5	2	26
Febricular type	North	1	2	0	1	2	1	3	1	2	3	3	8	27
	South	4	0	0	2	4	2	4	1	4	3	4	3	31

"With regard to the age and service in the Command of those attacked, it is found that the age groups under 20, and 20 to 24, and the first three years of service, give almost the same ratio of admissions to strength. The age groups, 25 to 29, and over 30, and service over three years, give a slightly lower ratio of admissions.

"Differentiating the type supposed to be due to "chill," from the type supposed to be due to specific causes, no marked difference appears in the ratio of admissions for each age group. In other words, the one type of fever has the same incidence as the other in the age groups. As regards length of service in the Command, the "Mediterranean Fever" type was less prevalent among men of under one year's service, and slightly more prevalent among those over three years. Although one is, therefore, unable to differentiate the two types from any peculiarities of seasonal and local distribution, or incidence upon age groups and length of service in the Command, clinically they show characteristics which sharply define the one from the other, the milder cases being amenable to treatment, and soon return to duty, while the severer type is very protracted, extending over months, with frequent relapses and well-marked sequelæ, such as rheumatism, anæmia, and debility. None of these cases, however, proved fatal, thus differing from the cases of enteric fever, which, in some respects, they resemble."

There was a mild epidemic of influenza in the first quarter of the year, and again during the last two months, but only 24 cases occurred among the troops. The remaining cases in Sub-group I. were 2 of *dysentery* and 1 of mumps.

Malarial Fevers.—There were 3 admissions for ague, and *septic diseases* were represented by 3 cases of erysipelas.

Venereal Diseases.—There were 38 admissions for *primary syphilis*, being in the ratio of 8·1 per 1,000. This is lower than the corresponding rate in the previous year by 12·1 and than the octennial average rate by 24·5. Including simple venereal ulcer, which caused 594 admissions, and on account of which 61·67 men were constantly sick, the admission rate for primary venereal sores was 134·3 per 1,000, being above the ratio in 1893 by 12·7, and above the average of the previous eight years by 21·2. *Secondary syphilis* caused 98 admissions, or 20·8 per 1,000 less than the previous year's rate by 2·2, and than the average of the preceding eight years by 6·9. *Gonorrhœa* gave 722 admissions, being at the rate of 153·5 per 1,000, lower than that in altar.

the previous year by 8·4, but higher than than the octennial average rate by 36·9. The total admission rate for all forms of venereal disease was 308·6 per 1,000, being above the rate for the previous year and the octennial average rate by 2·1 and 51·2 respectively. The total amount of constant inefficiency on account of these diseases was equal to 30·44 per 1,000, higher than in the previous year by 2·67, and above the average rate for the preceding eight years by 11·24.

Parasitic Diseases.—2 admissions for tænia solium are recorded.

Alcoholism caused 29 admissions, or 6·2 per 1,000, as compared with 3·8 in the previous year.

Debility shows a ratio of 3·4 per 1,000, dependent on 16 admissions. This is higher than in the previous year by 1·3, but 1·0 below the average rate.

Rheumatism.—123 cases are recorded, giving a ratio of 26·1 per 1,000, lower than in the preceding year by 2·9, and than the octennial average rate by 4·5. The admissions included 5 for rheumatic fever.

Tubercular Diseases gave nine admissions, of which seven were for lung affection. The admission ratio, 1·9 per 1,000, exceeded the rate for 1893 by ·8, but was identical with the average rate of the previous eight years. There were two deaths in the command, both due to tubercular deposits in the mesenteric glands, and one invalid died from tubercle of lung. There were 39 admissions for other diseases of this group; they comprised 33 for non-malignant new growth, 1 for scrofula, and 5 for anæmia.

LOCAL DISEASES.—*Diseases of the Nervous System.*—There were 87 admissions, giving a rate of 18·5 per 1,000, higher than in the previous year by 6·1, and than the octennial average rate by 12·1. The principal causes of admission were neuralgia 45 cases and epilepsy 16, the remainder, including 11 cases, or 2·3 per 1,000, of mental disease. A large increase is observed in the admissions for mental disease, there having been one admission only in the preceding year. One invalid died from mania.

Diseases of the Eye caused 46 admissions, equal to a ratio of 9·8 per 1,000, which is fractionally lower than that for the previous year and below the average rate by 1·5. Of the admissions 31 were for conjunctivitis, 3 for iritis, and the remainder for various causes.

Diseases of other Organs of Special Senses.—The admission ratio was 12·3 per 1,000, a decline of ·4 from the last year's rate, but above the average rate by 4·5. Of 58 admissions 53 were for inflammation of the external meatus, and occurred chiefly during the bathing season.

Diseases of the Circulatory System caused 30 admissions and 2 deaths, being in the ratios of 6·4 and ·43 per 1,000 respectively, as compared with 6·7 and ·63 in the previous year, and with 2·7 and ·35 the octennial average rates.

The admissions comprised 11 for valvular disease of the heart, 2 for hypertrophy of the heart, 10 for palpitation, 1 each for popliteal aneurysm and pericarditis, the former being successfully treated by digital compression, and 5 for varix. The deaths were both due to valvular disease of the heart.

Diseases of the Respiratory System.—119 admissions are returned, being in the ratio of 25·3 per 1,000, as compared with 32·9 in 1893, and with 27·2, the average rate for the previous eight years. 99 of the admissions were due to bronchial affections, and the remainder comprised 1 for laryngitis, 3 for asthma, 2 hæmorrhage of lung, 7 for pneumonia, 6 for pleurisy, and 1 for empyema.

Diseases of the Digestive System caused 549 admissions and 1 death. The admission rate, 116·7 per 1,000, is higher than the corresponding rate in the previous year by 21·0 and than the octennial average rate by 37·2. The principal causes of admission were, affections of the mouth and throat 254 cases, dyspepsia 54, colic 114, diarrhœa 51, and hepatic diseases 30 cases. Hernia gave 22 admissions, 9 of which were primary cases, and in one of these the disability recurred after operation, prior to enlistment. The death was due to diarrhœa.

Diseases of the Lymphatic and Glandular System.—80 admissions occurred, equal to 17·0 per 1,000, an increase of ·8 on the previous year's rate, and above the average by 6·5.

Diseases of the Urinary System caused 8 admissions, all for incontinence of urine. *Gibraltar.*

Diseases of the Generative System were the cause of 673 admissions, or 143·1 per 1,000, as compared with 120·2 in the preceding year, and with 93·1, the octennial average rate. Seven eighths of the admissions were due to simple venereal ulcer, and there were 33 cases of orchitis and 28 of balanitis.

Diseases of the Organs of Locomotion gave 40 cases, or a rate of 8·5 per 1,000, higher than in 1893 by 2·8 and than the average rate by 3·5.

Diseases of the Connective Tissue caused 114 admissions, or 24·3 per 1,000, an increase on the preceding year's rate of 2·6, and above the average rate of eight years by 6·3.

Diseases of the Skin.—256 admissions are recorded, the ratio being 54·4 per 1,000 lower than in the preceding year by 9·7, but above the average rate by 10·2. The principal diseases were eczema, ulcer, boil, whitlow, and itch.

Injuries.—590 cases are returned, and 1 death. The admission ratio, 125·4 per 1,000, is higher than that for the previous year by 25·7, and is 25·4 above the average rate. The chief causes of admission were, as usual, contusions, abrasions, wounds and sprains. There was 1 admission for gunshot wound, caused by a splinter of bullet from a target, and 3 admissions for wounds self-inflicted while under the influence of drink. No motive assigned in either case. The death was due to accidental drowning while bathing.

Invaliding.—The number of men invalided to England during the year was 64, equal to a ratio of 13·60 per 1,000, which is lower than the previous year's rate and the decennial average rate by 1·10 and 8·01 respectively. There was also one man discharged locally, who is included in the following remarks.

Among separate corps, and excluding those whose annual average strength did not exceed 100 men, the highest invaliding rate was 29·67 per 1,000 in the Royal Engineers, and the next below 22·39 in No. 17 Company, Eastern Division, Royal Artillery. The lowest rate was 5·35 per 1,000 in No. 12 Company, Eastern Division, Royal Artillery, and the next above 6·94 in the 2nd Battalion King's Royal Rifle Corps. Invaliding according to age was as follows :—7·22 per 1,000 among men under 20 years of age, as compared with 16·70 in the preceding year, 15·62 among those between 20 and 25 years, as compared with 15·36; 14·66 among men between 25 and 30 years, as compared with 13·61,and 17·54 in men over 30 years of age as compared with 9·28. With regard to invaliding according to length of service in the command, the ratio among men in their first year of service was 16·15 per 1,000 as compared with 16·20 in the preceding year, that among men in their second year 11·83, as compared with 14·65; among men in their third year the rate was 10·08 as compared with 6·71; and among those with over that service 18·05 as compared with 14·53. The principal causes of invaliding home were, nervous diseases 23 cases, or 4·88 per 1,000 (including 9, or 1·91 per 1,000 for mental affections), tubercle of lung 7, or 1·49 per 1,000; diseases of the circulatory system 11, or 2·34 per 1,000; digestive disorders 5, or 1·06 per 1,000, and debility, diseases of the eye, and diseases of the organs of locomotion 4 cases, or ·85 per 1,000 respectively.

The number of men finally discharged as medically unfit for further service was 49 (including the man discharged in Gibraltar), equal to a ratio of 10·42 per 1,000, which is higher than the corresponding rate in the previous year by 1·99, and than the decennial average rate by 1·78 per 1,000. The principal disabilities necessitating final discharge were nervous diseases 3·40 per 1,000, including ·43 for mental affections, diseases of the circulatory system 1·49, tubercular diseases 1·27, aural diseases 1·06, and diseases of the organs of locomotion ·85 per 1,000.

Officers.—The average strength was 131, and there were 56 cases of sickness. The ratio of admission was 427·5 per 1,000, being 5·2 less than in the preceding year. There was no death.

The principal causes of sickness were simple continued fever, bronchial affections, digestive disorders, and injuries.

Women.—The average strength was 289, and there were 190 admissions and two deaths, being in the ratios of 657·4 and 6·92 per 1,000 respectively.

ibraltar. Compared with corresponding ratios for the preceding year, the former shows a decrease of 114·1 and the latter an increase of 3·95. There were 16 admissions for simple continued fever, 14 for influenza, 38 for digestive disorders and 20 for diseases of the generative system. One case of enteric fever, and one of bronchitis proved fatal.

Children.—The average strength was 519, the number placed on sick list 495, and there were 21 deaths. The admission ratio was 953·8 and the death rate 40·46 per 1,000, the former showing an increase of 107·0, and the latter one of 18·57 as compared with similar ratios for 1893. The principal causes of sickness were bronchitic affections 122 cases, diarrhœa 66, measles 26, simple continued fever 20, and influenza 12. The deaths were 8 from diarrhœa, 4 from infantile convulsions, 3 from immaturity at birth, 2 from bronchitis, and 1 each from œdema glottidis, teething, enteritis, and fracture of base of skull.

Sanitary Conditions.—The Principal Medical Officer, Surgeon-Major-General R. Lewer, reports that the chief unfavourable sanitary conditions in the fortress are a defective drainage system, a deficient water supply, and excessive overcrowding of the civil population. The drainage system is under consideration, and plans have been approved for a new system with the outfall at Europa Point. The overcrowding has not yet been definitely attacked, and, in consequence of stringent restrictions on the part of the Spanish authorities regarding the introduction of food, &c. into the Spanish Lines it is feared that part of the surplus population which used to overflow to Linea will return to Gibraltar. A scheme for increasing the public water supply with proper filtration is under consideration. The following are some of the improvements that have been carried out:—St. Jago's Barracks, new drainage and some minor sanitary details. Drains relaid in Headquarter Offices, Garrison Recreation Rooms, and several other buildings. Ventilation improved in Station Hospital, Windmill Hill Barracks, and concrete laid down under flooring in various barracks. There has been an improvement in the meat ration, Galician beef being issued for six months instead of four months as formerly. This beef being of very superior quality to that supplied from Morocco, the ration has been reduced to 15 oz. A refrigerator for the storage of frozen meat is being constructed.

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II.—MALTA.

The average strength of the troops serving in Malta was (excluding the Royal Malta Artillery) 7,911, and the force was composed as follows:—Nine companies of the Southern Division, Royal Artillery, five companies of the Royal Engineers, the 1st Battalion Royal West Surrey Regiment, the 1st Battalion Gloucestershire Regiment, the 2nd Battalion East Surrey Regiment, the 1st Battalion North Staffordshire Regiment, the 1st Battalion Cameron Highlanders, and the 2nd Battalion Connaught Rangers, and detachments of the Army Service Corps, Medical Staff Corps, Ordnance Store Corps, and Garrison Staff, throughout the year; the 2nd Battalion Royal Irish Rifles embarked for India in November, on relief by the 2nd Battalion Leinster Regiment from England.

The following table shows the most important of the statistics of sickness and mortality in the Command during the year:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
7,911	5,059	44	2	46	90	47	358·85	639·5	5·81	11·38	5·94	45·36

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Comparing the above with a similar table for the previous year, it is observed that there is a decrease of 119·2 per 1,000 in the admission rate, one of 4·66 in the death-rate, and one of 3·50 in the ratio of constant inefficiency through sickness; while compared with similar average rates for the preceding ten years, there is a decline in the admission rate equal to 36·3 per 1,000, and one of 2·61 in the death-rate, but the constantly sick rate has increased by 1·39.

The average sick time to each soldier, 16·56 days, is shorter than in 1893 by 1·27 days, but longer than the average period for the preceding ten years by ·51 of a day. The average duration of each case of sickness, 25·89 days, is longer than in the previous year by 2·38, and than the decennial average period by 2·09 days.

In Abstract XL. are shown the more important of the statistics of sickness and mortality in the different arms of the service and in particular corps. In the Artillery the admission ratio was 559·7, the death rate 4·53, and the constantly sick rate 38·79 per 1,000, as compared with 511·9, 7·76, and 36·29 respectively in the previous year. Among individual companies the highest admission rate was 692·3 per 1,000 in No. 35 Company, which was organised on the 1st April, and stationed at Fort Tigne until departure for Hong Kong in October, the next below being 687·2 in No. 2 Company at Upper St. Elmo and St. James' Cavalier for ten months, and at Fort Tigne for the remainder of the year; the highest ratios of constant inefficiency were also in the same companies, but in reverse order, that in No. 2 Company being equal to 51·47, and that in No. 35 Company to 48·08 per 1,000. The lowest admission ratio was 383·7 per 1,000, in No. 12 Company at Fort Tigne until October, when it left for Hong Kong. In the Infantry the admission rate, 678·2, the death rate 5·40, and the constantly sick rate, 48·73 per 1,000, were lower than in the preceding year by 218·3, 6·40, and 6·15 respectively. Excluding the 2nd Battalion Leinster Regiment, which only arrived from England in November, the highest admission rate in any battalion was 833·8 in the 1st Battalion Gloucestershire Regiment at Pembroke Camp, the next being 799·8 in the 2nd Battalion East Surrey Regiment at Isola Gate; the lowest ratio, 481·0 per 1,000, occurred in the 2nd Battalion Connaught Rangers, at Gozo for the greater part of the year, the next above being 482·9 in the 2nd Battalion Royal Irish Rifles at Fort Manoel until embarkation for India in November. The rate of mortality was highest, 9·74 per 1,000, in the 2nd Battalion East Surrey Regiment; the next, 8·23, occurred in the 1st Battalion North Staffordshire Regiment at Verdala; the lowest rate, 2·09 per 1,000, was in the 1st Battalion Cameron Highlanders at Lower St. Elmo, the next above being 3·54 in the 2nd Battalion Royal Irish Rifles. Constant inefficiency through sickness was highest, 72·34 per 1,000, in the 1st Battalion Gloucestershire Regiment, the next ratio, 51·78, being in the 1st Battalion Royal West Surrey Regiment, at Floriana and Notre Dame; the lowest rates were in the 2nd Battalion Connaught Rangers and the 2nd Battalion Royal Irish Rifles, 27·34 and 32·91 per 1,000 respectively.

In calculating the effect of the ages of the men on the sickness and mortality among them, it is found that the admission rate among men under 20 years of age was 697·3 per 1,000, that among men between 20 and 25 years was 789·2, that among men in the next quinquennium was 395·0, and that among men over 30 years of age, 325·7 per 1,000. In the preceding year the sequence of ratios was similar to that in the year under report, but the rates in 1893 were all higher than those now under notice, especially in the first two periods. The mortality rate among men under 20 years of age was 4·53 per 1,000, as compared with 6·56 in the previous year; that among men between 20 and 25 years 4·86, as compared with 10·58, falling in the next quinquennial period to 4·12, as against 6·71 in 1893, but rising to 19·05 in men over 30 years of age, compared with 5·88 in the year before.

With regard to the influence of service in the Command on sickness and mortality among the troops, it is found that the admission ratio among men in their first year of service was 660·1 per 1,000, falling to 531·1 among men in their second year, again rising to 613·4 and 1067·9 among men in their third and fourth years, but declining to 604·7 among men who had been more than four years in the Command. The sequence of ratios does not resemble that observed in the previous year, when, however, the highest ratio occurred at the same period of service. Mortality was highest, 23·50 per 1,000, among

Malta. men with more than four years' service in the Command, next 4·55 among men in their second year, 2·71 among men who had not completed their first year, 2·58 among men in their third year, and 1·74 among men in their fourth year of service. Compared with corresponding ratios in the preceding year, there is an increase in that among men with over four years of service, but a decrease in the remainder.

The principal statistics of sickness and mortality according to the several groups and orders of diseases are given in Abstract III.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—There was only one admission for *eruptive fevers*, a case of chicken-pox.

Enteric Fever caused 42 admissions and 12 deaths, being in the ratios of 5·3 and 1·52 per 1,000, which are lower than the corresponding rates in the previous year by 3·8 and 2·95, and than the similar average rates for the preceding eight years by 1·6 and ·90 per 1,000 respectively. The per-centage of mortality to attack was 28·6, that of the previous year having been 31·7, and that of the average of eight years 34·9. Of the men attacked, 8 were under 20 years of age, 9 between 20 and 21 years, 10 between 21 and 22 years, 3 between 22 and 23 years, 3 between 23 and 24 years, and 9 were over 24 years of age. With regard to total service 6 men were in their first year, 13 were in their second year, 8 in their third, 4 in their fourth, 2 in their fifth, and 9 men had over five years' service. As to service in the Command, 27 men had less than one year, 7 more than one year and less than two years, and 8 had over two years. In the first quarter of the year 16 cases occurred, 5 in the second quarter, 8 in the third quarter, and 13 in the fourth quarter. Pembroke Camp furnished the greater number of admissions, 20 cases being returned; the outbreak, which commenced in November 1893, continued until the end of February 1894, and was attributed to probable contamination of the water supply, although no definite conclusion was arrived at; but an outbreak which took place in December 1894 was caused by an old drain which was found in the north-west of the parade ground, in proximity to the barrack in which most of the cases occurred. It is stated that the defects discovered were remedied, and that the occurrence of cases ceased soon after the affected blocks were evacuated. The remaining cases were distributed throughout the different districts, occurred at various times, and were not traced to any particular cause. The Principal Medical Officer is of opinion that the decrease in the number of cases generally is attributable to the sanitary improvements that have taken place, to the precautions adopted regarding the supply of milk and other commodities to the troops, and to the boiling and filtration of the drinking water.

Simple Continued Fever.—Under this head 834 admissions are returned and 4 deaths. The admission ratio, therefore, was equal to 105·4 per 1,000, which is lower than the corresponding ratio in the previous year by 25·6, and than the octennial average rate by 9·0; the death-rate ·50 per 1,000, is lower in the two comparisons, by ·20 and ·61 respectively. The amount of constant inefficiency on account of these diseases was equal to a ratio of 8·09 per 1,000, as compared with 9·80 in the previous year, and with 9·18, the average rate for eight years.

Dysentery was the cause of 24 admissions and 1 death, equal to ratios of 3·0 and ·13 per 1,000 respectively, comparing favourably with 4·1 and ·28 in the previous year, and with 4·5 and ·23 the octennial average ratios.

The remaining admissions in the 1st sub-group of general diseases were 126 cases of *influenza*, and one of mumps. At Gozo there were two epidemics of influenza, 43 cases occurring among the men of the 2nd Battalion Connaught Rangers in the early part of the year, and there were 65 admissions after the arrival of the 2nd Battalion Leinster Regiment from England in November.

Malarial Fevers. 273 admissions and 1 death are returned. The admission rate, 34·5 per 1,000, is lower than in the previous year by 6·6, but higher than the octennial average rate by 27·3. The majority of the cases occurred at Valletta and Pembroke Camp, in corps which had received drafts from India

Septic Diseases.—Five admissions are returned for erysipelas, and there was one fatal case of pyæmia.

Venereal Diseases.—140 admissions are shown for *primary syphilis*, and the number constantly sick was 16·06. The ratio of admission, therefore, was

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17·7, and that of constantly sick 2·03 per 1,000; the former being higher by 1·4, and the latter lower by ·06 than the corresponding ratios in the preceding year. In comparison with the average rates for the previous eight years both are higher by ·9 and ·24 respectively. Including simple venereal ulcer which caused 155 admissions, and for which 12·34 men were constantly sick, the ratio of admission for primary venereal sores was 37·3, and that of constantly sick 3·59 per 1,000, which, compared with similar ratios in the previous year, are lower by 14·2 and ·96, and are also lower than the octennial average ratios by 6·9 and ·27 respectively.

Secondary syphilis caused 108 admissions, being in the ratio of 13·7 per 1,000, in excess of the preceding year's rate by ·4, but below the average rate by ·7. The ratio of constant inefficiency on this account was 1·85 per 1,000, an increase of ·16 on the corresponding rate in 1893, and one of ·40 on the average rate. The admissions for *Gonorrhœa* were 614 in number, and there were 47·52 men constantly sick, being in the ratios of 77·6 and 6·01 per 1,000, the former being lower by 15·1, and the latter by ·77 than the rates in the previous year; both are in excess of the average rates by 13·1 and 1·44 respectively. Taking all forms of venereal disease together, the admission ratio amounted to 128·6 per 1,000, lower than in 1893 by 28·9, but above the octennial average rate by 5·5. The total amount of constant inefficiency from these diseases was equal to 11·45 per 1,000, which is lower than the similar rate in the preceding year by 1·57, but above the average rate for the previous eight years by exactly the same amount.

Parasitic Diseases caused 8 admissions as compared with 9 in the previous year; 7 were cases of tænia solium.

Alcoholism was more frequent than in 1893, the ratio, 4·6 per 1,000, showing an increase of 1·2. Among 36 cases there were 4 of delirium tremens.

Debility gave an admission ratio of 8·9 per 1,000, precisely similar to the preceding year's rate, but below the average rate by 2·1.

Rheumatism.—122 admissions and 1 death are recorded. The admission rate was 15·4 per 1,000, a decline of 9·5 from the last year's rate, and one of 11·3 from the average rate of eight years. 16 of the cases, and the death, were due to rheumatic fever.

Tubercular Diseases.—There were 22 admissions and 8 deaths, including two of invalids, being in the ratios of 2·8 and 1·01 per 1,000 respectively, as compared with 2·9 and 1·67 in the previous year, and with 2·6 and ·89, the average rates. There was one fatal case of tubercular meningitis, but the remaining admissions and deaths were due to lung affections.

Other diseases of this group caused 46 admissions and 1 death. The admission rate, 5·8 per 1,000, is above the rate for 1893 by 2·4. The cases comprised 43 of non-malignant new growth, 1, fatal, of malignant new growth, and 2 of anæmia.

LOCAL DISEASES.—*Diseases of the Nervous System* caused 31 admissions, equal to a ratio of 3·9 per 1,000, which is lower than the corresponding rate in the previous year by 3·8, and than the average rate for eight years by 4·6. Among the cases treated were 13 of neuralgia, 7 of mental disease, 6 of epilepsy, and 1 of paralysis. There was no death.

Diseases of the Eye were the cause of 61 admissions, nearly two-thirds being cases of conjunctivitis. The admission ratio, 7·7 per 1,000, is lower by 2·1 than the last year's rate, and below the average rate by 2·6.

Diseases of other Organs of Special Senses.—There were 79 admissions, of which all but one were for aural affections. 10·0 was the admission rate, a decline of 1·7 from the previous year's rate, and one of ·9 from the average.

Diseases of the Circulatory System.—29 admissions are returned, of which 15 were due to palpitation, and 6 each to valvular disease of heart and varix. The admission rate, 3·7 per 1,000, is lower by 1·9 than in 1893, and by 3·8 than the average rate.

Diseases of the Respiratory System caused an admission rate of 20·5 per 1,000, a decrease of 2·1 from the corresponding rate in the previous year, and of 1·6 from the average rate of eight years. The death rate ·63 per 1,000, is higher in both comparisons, by ·07 and ·08 respectively. Of 162 admissions, 137 were for bronchial affections, and among the remaining cases were 10 of

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pneumonia, and 5 each of pleurisy and hæmorrhage of lung. There were 3 deaths from pneumonia, and one each from bronchitis and hæmorrhage of lung.

Diseases of the Digestive System were the cause of 590 admissions and 3 deaths. The admission rate, 74·6 per 1,000, compares favourably with that in the previous year and the octennial average rate, the decline being 7·9 and 8·4 respectively. The principal causes of admission were affections of the mouth and throat 286 cases, diarrhœa 63, dyspepsia 62, and hepatic diseases 109 cases, including 2 of abscess and 1 of acute yellow atrophy of the liver, which proved fatal.

Diseases of the Lymphatic and Glandular System.—The admissions numbered 50, equal to 6·3 per 1,000, which is lower than in the previous year by 1·2, and fractionally below the average rate. All were cases of inflammation or suppuration of glands.

Diseases of the Urinary System caused an admission rate of ·7 per 1,000, below the last year's rate by 1·9, and below the average rate by 1·5. Of the 6 admissions, 5 were due to incontinence of urine, and one to inflammation of bladder.

Diseases of the Generative System caused 241 admissions, of which nearly three-fifths were cases of simple venereal ulcer. Among the remainder were 43 cases of orchitis, and 25 of balanitis. The admission ratio, 30·5 per 1,000, is lower by 20·5 than the corresponding rate in the previous year, and by 12·0 than the average rate.

Diseases of the Organs of Locomotion.—32 admissions are returned, of which 25 were cases of synovitis. The ratio, 4·1, compares favourably with 5·7 in 1893, and with 6·0, the octennial average rate.

Diseases of the Connective Tissue gave an admission rate of 30·8 per 1,000, which is lower than the previous year's rate by 5·8, but above the average rate by 3·9.

Diseases of the Skin caused 368 admissions, or 46·5 per 1,000, a decline of 5·3 from the last year's rate, but an increase of 5·8 on the average rate for eight years. The principal causes of admission were boils, eczema, ulcer, and whitlow.

Injuries caused an admission rate of 82·3 per 1,000, which is lower than in 1893 by 18·4, and than the average rate by 6·0. There were 4 admissions for general injury, two being for multiple injury, and one each for sunstroke and heat apoplexy, the latter proving fatal. Of two deaths from drowning, one occurred accidentally while bathing, and in the other a verdict of "found drowned" was returned. The admissions for local injury were 647 in number, and were chiefly due to contusions, sprains, and wounds. Of 6 cases of gunshot wound, one was that of a man wounded in the neck with a bullet from a Lee-Metford rifle while painting a target at Pembroke Camp, who made a rapid recovery, and in another, a man committed suicide by shooting himself with a revolver; a verdict of "suicide" was returned, no motive could be assigned for the act. A second case of suicide occurred, a prisoner at the Corradino military prison, sustaining a dislocation of the spine (suicide by hanging). The verdict was "felo de se," motive unknown. There were three deaths from fracture of skull, one the result of a fall at night over the fortifications at Vittoriosa, one from a fall out of bed on to a stone floor, and one was caused by a fall from a cab. The remaining death was due to rupture of aorta, the man being found dead in St. Clement's Ditch, Verdala.

Invaliding.—The number of men invalided home during the year was 90, equal to a ratio of 11·38 per 1,000, which is below the corresponding rate in the previous year by 15·85, and below the decennial average rate by 10·31. The invaliding rate in the Artillery, including one man who was discharged in the Command, was 14·35 per 1,000 as compared with 24·68 in 1893; the highest individual rate, 29·55, occurring in No. 29 Company, and the lowest, 7·46, in No. 25 Company. The Engineers gave a rate of 18·24 per 1,000, higher than in the previous year by 4·68. In the Infantry the rate was 10·30 (which also included one man of the 1st Battalion North Staffordshire Regiment, who was discharged locally), a decline of 17·50 from the corresponding rate in the preceding year. Excluding the 2nd Battalion Leinster Regiment, the highest ratio in any battalion was 17·78 per 1,000 in the 1st

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Battalion Cameron Highlanders, followed by 16·46 (including the man discharged locally) in the 1st Battalion North Staffordshire Regiment; the lowest was 4·72 in the 2nd Battalion Royal Irish Rifles. With regard to the ages of the men invalided there were 7 men, or 7·94 per 1,000 under 20 years of age, 53 men, or 12·26 per 1,000 between 20 and 25 years, 21 men, or 9·62 per 1,000 between 25 and 30 years, and 11 men, or 20·95 per 1,000 over 30 years of age. Compared with corresponding rates in the previous year, a decrease is observed in all these ratios. As to service in the Command, 36 men, or 14·46 per 1,000 were in their first year, 22 men, or 11·13 per 1,000 were in their second year, 19 men, or 9·82 per 1,000 were in their third year, 3 men, or 5·23 per 1,000 in their fourth year, and 12 men, or 12·82 per 1,000 over four years' service. All these ratios are lower than those for 1893. The principal causes of invaliding to England were enteric fever, 7 cases, or ·88 per 1,000, a decline of ·37 from the rate in the previous year; simple continued fever, 20 cases, or 2·53 per 1,000, a decrease of 6·69; tubercular diseases, 10 cases, or 1·26 per 1,000, a decrease of ·69; nervous diseases, 11 cases, or 1·39 per 1,000, a decrease of 1·40 (of these, 10 cases, or 1·26 per 1,000 were on account of mental disease); and diseases of the circulatory system, 12 cases, or 1·52 per 1,000, a decrease of ·43.

The number of men finally discharged by invaliding as medically unfit was 47, equal to 5·94 per 1,000, which is lower than the corresponding rate in the previous year by 8·44, and than the decennial average rate by 6·62. The disabilities necessitating discharge were chiefly as follows: tubercular diseases, 5 cases, or ·63 per 1,000, a decrease of ·90 from the last year's rate; nervous diseases, 13 cases, or 1·64 per 1,000, a decrease of ·59 (including 11 cases, or 1·39 per 1,000 of mental disease); and diseases of the circulatory system, 12 cases, or 1·52 per 1,000, an increase of ·68.

Officers.—The average strength of officers was 215, and there were 152 cases of sickness, and 16 officers were invalided home during the year. There was no death. The ratio of prevalence of sickness was, therefore, 707·0, and that of invaliding, 74·42. Compared with corresponding ratios in the previous year, the ratio of sickness is lower by 83·3, while the invaliding rate has increased by 31·41. In 1893 the death rate was 16·13 per 1,000. The principal causes of sickness were fevers, 83 cases, comprising 72 of simple continued fever, 8 of influenza, and 1 each of chicken pox, enteric fever, and ague; bronchitis, 10 cases; digestive disorders, 11 cases; and injuries, 18 cases. The causes of invaliding were simple continued fever, 11 cases, and enteric fever, ague, debility, rheumatism, and neuralgia, one case respectively.

Women.—The average strength was 352, and the number of cases of illness 237, being in the ratio of 673·3 per 1,000, which is above the corresponding rate in the previous year by 53·3; there were 5 deaths, or 14·20 per 1,000, an increase of 10·87 on the last year's rate. The principal causes of sickness were simple continued fever, 44 cases, debility, 59, digestive disorders, 37, diseases of the generative system, 21, and rheumatism, 10 cases. There were also 3 cases of enteric fever, two of which proved fatal. The remaining deaths were due to simple continued fever, puerperal septicæmia, and post-partum hæmorrhage respectively.

Children.—In an average strength of 649, there were 402 cases of illness and 30 deaths. The ratio of prevalence of sickness was 619·4, and that of mortality 46·23 per 1,000. Compared with the previous year's return, there is a decline of 174·0 in the former, and one of 18·10 in the latter. The chief causes of sickness were chicken pox, 10 cases, simple continued fever 64, debility 24, conjunctivitis 26, bronchitis 78, diarrhœa 57, and enteritis 10 cases. The deaths were 8 from enteritis, 6 from diarrhœa, 3 from simple continued fever, 2 each from bronchitis, debility, infantile convulsions, and teething, and one from diphtheria, leucocythæmia, pneumonia, inflammation of intestines, and fracture of skull respectively.

Sanitary Conditions.—The Principal Medical Officer, Surgeon-Major-General J. Inkson, M.D., reports that the health of the troops was very good, febrile and venereal diseases, which were the chief causes of sickness during the previous year, being less prevalent. Great attention was paid to the water supply throughout the Command during the year, directions being given that

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all water be boiled before use, with satisfactory results. Overcrowding still existed, but it was not found possible to do anything to remedy it, owing to the increase in the strength of the garrison, and the non-completion of new barracks at Imtarfa, but as during the summer months about half of the troops slept under canvas near their barracks no injury to health could be traced to this cause. The rations were good and the cooking varied, while the fruits of the country were freely eaten by the men, being cheap and abundant. The gymnastic training and physical exercises were attended, with beneficial results; the recreation rooms were generally satisfactory, and entertainments held in the Soldiers' Institute are stated to have been of great value. The great necessity of separate buildings for the treatment of infectious cases at the Valletta and Cottonera Station Hospitals is referred to, as is also the need for proper hospital accommodation for women and children, especially for cases of parturition, cases of puerperal fever being not uncommon among women who are confined in their quarters, and attended by ignorant midwives.

Among the sanitary improvements carried out were the provision of modern urinals, and a new cistern for the latrines at Cottonera Station Hospital, and baths at Forts Rinella, San Rocco, and San Leonardo, and at Lower St. Elmo the ventilation of the men's latrines was improved. At the Tigne hutments the drainage was generally improved, and some of the huts raised off the ground. The latrines and drains at Manoel hutments were also improved, aqueduct water laid on to the cook-house, and underground tanks cleaned out. A bath and stoves were provided at Fort Musta, and the upper wards of the Citta Vecchia Station Hospital furnished with an ablution room, fire-places being fixed in Nos. 11, 14, and 18 wards. At Fort Madalena, a tank to hold 100,000 gallons was erected, and the surface drainage specially attended to. Cane blinds were supplied to the married quarters at Fort Chambray, Gozo, where also certain officers' quarters were converted into hospital wards, and water laid on to temporary cook-houses and latrines in the camp.

ROYAL MALTA ARTILLERY.

The average strength of this corps was 371 non-commissioned officers and men, and the principal statistics relating to sickness and mortality among them are set forth in the following table:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
371	207	—	—	—	—	3	8·06	558·0	—	—	8·09	21·72

Compared with the return for the previous year the admission ratio shows an increase of 31·1, and the constantly sick rate one of 2·66 per 1,000, but there was a decrease of 2·69 in the death-rate, while in comparison with similar average rates for the preceding ten years a decline has taken place in all these ratios, being equal to 73·2 in the case of admissions, 1·93 in that of mortality, and 1·95 in that of constantly sick. The average sick time to each soldier was 7·93 days, longer than the corresponding period in the year before by nearly a day, but below the decennial average period by almost three quarters of a day; the average duration of each case of sickness, 14·21 days, was longer in the two comparisons by 1·01 days and ·52 of a day respectively.

In Abstract IIIA. will be found the principal statistics of sickness and mortality arranged according to the several groups and orders of diseases.

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GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—In the 1st sub-group of general diseases there were 34 admissions, 28 of which were for simple continued fever, 5 for influenza, and 1 for cow-pox. The admission ratio for simple continued fever was 75·5 per 1,000, as compared with 56·4 in 1893, and with 60·3, the average rate for the preceding eight years. It is stated that 13 of the cases were of long duration, and followed by debility and rheumatism. No case of enteric fever occurred during the year.

There were 16 admissions for venereal disease, equal to a ratio of 43·1 per 1,000, a decrease of 16·0 from the rate in the previous year, and below the octennial average rate by 9·3. The number of admissions for primary syphilis was 1 and for secondary syphilis 4, as compared with 7 and 2 in the preceding year, and there were 11 admissions for gonorrhœa as compared with 13 in 1893.

There were 6 admissions for debility, and 12 for rheumatism, some of which occurred as sequelæ of fever; tubercular disease of the lung gave one admission, and there was a single case of papilloma.

LOCAL DISEASES.—Nervous diseases were represented by two admissions for neuralgia and one for dementia. Ophthalmic affections caused 9 admissions, all but one being for conjunctivitis, and there was one admission for aural disease. There were 15 admissions for diseases of the respiratory system, all cases of bronchitis, the ratio, 40·4 per 1,000, is lower than the previous year's rate by 18·7, and than the average rate of eight years by 29·5. Diseases of the digestive system were the cause of 39 admissions, or 105·1 per 1,000, which is above the rate for 1893 by 54·0, and above the average by 22·9. The principal causes of admission were diseases of the mouth and throat 23 cases, and among the remainder were two cases of hepatic disease. Diseases of the skin caused 30 admissions, equal to 80·9 per 1,000, fractionally above the rate in the preceding year, and above the octennial average rate by 12·1. Boils and eczema were the chief causes of admission. In the remaining orders of local diseases there were few cases.

Injuries caused 30 admissions, being in the rate of 80·9 per 1,000, which is lower than that for the previous year by 42·8, and below the average by 53·7. Wounds were the most frequent injuries, accounting for nearly half the cases, and there were 8 admissions for blisters of feet.

Invaliding.—There were 3 men discharged the service as medically unfit during the year; the ratio, 8·09 per 1,000, compares favourably with 16·13 in the previous year, and with 14·92, the decennial average rate. The causes of invaliding were dementia, hernia, and contraction of tendons, one case each.

Officers.—The average strength was 20, and there were 13 cases of illness, mostly single cases of various diseases.

Women and Children.—The average strength of women was 41, and there were 7 cases of sickness and 1 death. There were 2 cases of simple continued fever, one of hæmoptysis, and one (fatal) of puerperal peritonitis. In an average strength of 130 children there were 49 cases of illness and 6 deaths. The cases included 6 of chicken-pox, 9 of simple continued fever, 9 of diarrhœa, 6 of sore throat, and 4 of bronchitis. The causes of death were 2 each from debility and teething, and one from diphtheria and diarrhœa respectively.

Sanitary Conditions.—The Medical Officer in charge, Surgeon-Major L. Manché, M.D., states that the sanitary condition of the barracks occupied was satisfactory, the drains being in good order and cleanliness well maintained, the system of causing the men to sleep by turns under canvas ensuring a sufficiency of air to each. The lighting was satisfactory; no means of warming existed except in the guard and orderly rooms. The clothing was good and suitable, and the duties not prejudicial to health. At the canteen, where the men can purchase all their food, the supplies were good and the price as low as possible, but the size of the room was inadequate to accommodate the number of men at mid-day.

III.—Cyprus.

The average strength of warrant officers, non-commissioned officers and men serving in Cyprus during the year was 579, and the force comprised the headquarters and four companies of the 2nd Battalion Connaught Rangers, some men of Departmental Corps, and Garrison Staff.

The principal statistics of sickness and mortality among the troops are shown in the subjoined table:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Commaud.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
579	317	2	—	2	10	11	21·64	547·5	3·45	17·27	19·00	37·37

Comparing these statistics with those for the preceding year a decrease of 130·7 per 1,000 is observed in the admission rate, and one of 8·53 in the constantly sick rate, but the rate of mortality has increased by 1·63; while in comparison with average similar ratios for the preceding ten years a decline is observed in each instance equal to 266·5 per 1,000 in the admission rate, 4·62 in the death rate, and 5·71 in that of constant inefficiency through sickness. The average sick time to each soldier, 13·64 days, was shorter than in 1893 by 3·11, and than the average period for the preceding ten years by 2·09 days, while the average duration of each case of sickness, 24·92 days, was longer in each instance by ·22 of a day and 5·60 days respectively.

The stations occupied during the year were Polymedia, Nicosia, Limassol, and Troödos, the three former from January until June, and Polymedia and Limassol from October to December. All the troops were stationed at Mount Troödos from June to October, as usual.

In Abstract XL. is a table showing the sickness and mortality of the troops in the Command by corps, but owing to the preponderance in numbers of the infantry over the other branches of the service useful comparison is impossible; however, compared with a similar table for 1893 the ratios of admission and constantly sick have declined, while the death rate in the infantry has increased. There were no deaths in the Garrison Staff and Departments in either year.

With regard to the effect of age on the sickness and mortality it is calculated that the admission ratio among men under 20 years of age was 1208·3, that among men between 20 and 25 years of age 619·6, that among men in the next quinquennium 407·6, and that among men over 30 years of age 244·4 per 1,000. In the previous year the highest rate was also among men under 20 years of age, but the next below was among men over 30. Compared with the ratios in that year decrease has occurred in all but one, that among men between 25 and 30 years of age having slightly increased. Of the deaths, one man was between 25 and 30 years of age, and the other over 30.

As to service in the Command, it is found that among men in their first year the admission rate was 774·2 per 1,000, that among men in their second year 268·0, that among men in their third year 1419·4, and that among men over three years in the Command 488·3. In the preceding year the highest admission ratio was also among men in their third year of service, and, with the exception of that of men of more than three years in the Command, all the ratios were higher than in the year now under report. Both men who died had been in the Command for more than three years.

The principal statistics of sickness and mortality arranged according to the several groups and orders of diseases are shown in Abstract IV.

General Diseases.—*Diseases dependent on Morbid Poisons.*—There was no case of *eruptive fever*, and *enteric fever* has not appeared since 1890, but there were 34 admissions for *simple continued fever*, the ratio, 58·7 per 1,000, *Cyprus.*

being higher than that in 1893 by ·5, but below the average rate of the preceding eight years by 11·2. The cases were spread over all the stations, and the greater number occurred during October, November, and December.

Malarial Fevers were represented by a single case of ague.

Venereal Diseases.—There was only 1 admission for *primary syphilis,* equal to a ratio of 1·7 per 1,000 as compared with 23·6 in the previous year, but if to this be added the sickness from simple venereal ulcer (for which there were 12 admissions and 1·19 men constantly sick), the admission rate for primary venereal sores was 22·4 per 1,000, lower than that for 1893 by 21·2, and than the octennial average rate by as much as 93·1. *Secondary syphilis* caused 11 admissions, or a ratio of 19·0 per 1,000, higher than in 1893 by 2·6, but lower than the average rate by 19·8. *Gonorrhœa,* with 67 admissions, gave a ratio of 115·7 per 1,000, as compared with 125·5 in the previous year, and an average rate of 101·6. Taking all forms of venereal disease together the admission rate, 157·1, was lower than in the preceding year by 28·4, and than the average rate for the previous eight years by 98·8, while the constantly sick rate, 13·05 per 1,000, was also lower in both comparisons by 3·91 and 6·49 respectively.

There was 1 admission for *alcoholism,* and *debility,* with 8 admissions, gave a ratio of 13·8 as compared with 29·1 in 1893 and 21·0 the average rate.

Rheumatism caused 10 admissions, equal to 17·3 per 1,000, lower than in the previous year by 19·1 and than the eight years' average rate by 4·6. There was no case of rheumatic fever. There was only 1 case of *tubercular disease,* the lungs being affected, and 3 admissions for non-malignant new growth complete the cases included under Group D.

LOCAL DISEASES.—*Diseases of the Nervous System* with 5 admissions, gave a ratio of 8·6 per 1,000 as compared with 5·4 in 1893 and with 3·5, the octennial average rate. There was one fatal case of abscess of brain, one case of neuralgia and one of vertigo, while mental diseases were represented by 2 cases of dementia. There were 3 admissions for *eye diseases* of no special importance, and *diseases of other organs of special senses* accounted for 6 cases, including 4 of inflammation of the external meatus and 1 of epistaxis. The single admission under *diseases of the circulatory system* was due to palpitation, but a death occurred out of hospital from aneurysm of the thoracic aorta.

Diseases of the Respiratory System caused 8 admissions, including 2 for pneumonia and 1 for pleurisy, equal to 13·8 per 1,000, higher than in 1893 by 10·2 but about the average, while diseases of the *digestive system* with 36 admissions gave a ratio of 62·2 as compared with 83·7 in the year preceding and with 81·9 the average rate. Of the cases 17 were for some form of sore throat, 12 for dyspepsia and 2 for congestion of liver. *Diseases of the lymphatic and glandular system* caused 17 admissions, or a ratio of 29·4 per 1,000, below last year's rate by 8·8 but fractionally higher than the average. All were cases of inflammation of glands. There were 2 admissions for *urinary diseases* and 18 for *diseases of the generative system,* mostly cases of simple venereal ulcer which have been dealt with in a previous paragraph. A case of necrosis is returned under *diseases of the organs of locomotion* and *diseases of the connective tissue* with 12 admissions (11 for inflammation and 1 for abscess) gave a ratio of 20·7 per 1,000, higher than in 1893 by 6·1 but below the average rate by 3·8. Among 13 cases of *skin disease* there is nothing calling for remark and most of the *Injuries* were caused by contusions, wounds, and sprains. The ratio 100·2 per 1,000 is higher than in the previous year by 5·7 and above the average rate by 20·4.

Invaliding.—There were 10 men invalided to England during the year, the ratio 17·27 per 1,000, being lower than in 1893 by 31·82, and then the decennial average rate by 1·61. The causes of invaliding were debility 4 cases, dementia 2, and gonorrhœa, inflammation of external meatus of ear, pneumonia, and fracture, one case respectively. With regard to age, 7 of the men, or 21·47 per 1,000, were between 20 and 25 years, 2, or 10·87 per 1,000, were between 25 and 30 years, and 1 man, or 22·22 per 1,000, was over 30 years of age. One man, or 32·26 per 1,000, had between 2 and 3 years' service; and 9 men, or 25·14, per 10,000, had been in the command more than 3 years.

The number of men discharged the service as medically unfit was 11, equal to a ratio of 19·00 per 1,000, below the corresponding rate for the previous yprus.

year by 10·09, but higher than the average rate for the preceding ten years by 10·29. There were 3 men discharged on account of debility, 2 for dementia, 2 for diseases of the eye, and one man each for secondary syphilis, paralysis, valvular disease of heart, and palpitation of heart.

Officers.—The average strength of officers was 22, and there were 7 cases of sickness, the ratio, 318·2 per 1,000, comparing favourably with 363·6 in 1893. There were 6 cases of simple continued fever and 1 of contusion. One officer was invalided for the first-named disease.

Women.—In an average strength of 26 there were 25 cases of sickness and one death, being in the ratios of 961·5 and 38·46 per 1,000 respectively. The admission rate is higher than in the previous year by 65·0. The death rate was *nil* in 1893. None of the cases were of special interest, but 8 were admitted for debility and the death was due to a pneumonic phthisis.

Children.—The average strength of children was 61, of whom 26 came under treatment during the year, notably 6 for influenza and 4 each for simple continued fever, ague, and bronchial affections. The admission ratio, 426·2, is lower by 104·1 than that for the preceding year, but the death rate dependent on two deaths is higher by 2·48. One child died from laryngismus stridulus and one from diarrhœa.

Sanitary Conditions.—The Senior Medical Officer, Surgeon-Major W. W. Kenny, M.B., reports that no local insanitary conditions were brought to notice during the year. At Mount Troödos an open swimming bath was made close to the rifle ranges, but too far from the camp to be of much use, and the ablutionary arrangements at that station were not considered sufficient. The ventilation of all buildings was good and there was no overcrowding. The rations were favourably reported upon and an abundance of fruit and vegetables could be obtained at Troodos, though at Polymedia those supplies were scarce at certain seasons. The clothing of the troops was varied according to the season.

IV.—ON THE HEALTH OF THE TROOPS SERVING IN THE DOMINION OF CANADA.

Sickness and Mortality.

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The average strength of troops in the Command was 1,443, being an increase of 22 on that for the year preceding. The force was composed as follows: The 3rd and 23rd Companies, Western Division, Royal Artillery, from 1st January to 29th November, when they embarked for Bermuda and St. Lucia, West Indies respectively; 1st Company of same division from 27th November, on which date it arrived from Bermuda, to 31st December. The 18th (fortress) and 40th (submarine mining) companies, Royal Engineers, the 1st Battalion King's Liverpool Regiment and detachments Army Service Corps, Medical Staff Corps, Ordnance Store Corps and Garrison Staff throughout the year. With the exception of a small detachment Royal Engineers which proceeded to Esquimalt, British Columbia, in May, all the troops were stationed at Halifax, Nova Scotia, the headquarters of the Command.

The principal statistics of sickness and mortality are given in the following table:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
1,443	664	4	2	6	16	14	30·40	460·1	4·16	11·09	9·70	21·20

Compared with corresponding results in the previous year a decrease of 47·3 per 1,000 is observed in the admission rate, and one of 1·40 in the ratio constantly sick, but the death rate is higher by 2·05, while compared with the average rates for the preceding 10 years, 1884–93, there has been a decrease of 81·5 per 1,000 in the admission rate, one of ·52 in the death rate, and one of 8·49 in the rate of constantly sick. The average sick time to each soldier was 7·74 days which is less by ·51 of a day than in the preceding year, and by 3·10 than the decennial average period. The average duration of each case of sickness was 16·82 days, being longer than in 1893 by ·56 of a day, but shorter than the decennial average period by 3·19 days.

The principal statistics of separate corps are given in Abstract XL., where it will be noticed that the highest admission rate was 730·8 per 1,000 in No. 1 Company, Western Division, Royal Artillery, and the lowest (omitting the small detachment at Esquimalt), 234·7, in the 18th Company, Royal Engineers. The highest ratio of constantly sick was 27·80 in the 3rd Company, Western Division, Royal Artillery, and the lowest, 8·67, in the 18th Company, Royal Engineers.

With regard to the influence of age and length of service in the Command, it is calculated that among men under 20 years of age the admission rate was 481·9; that among those from 20 to 25 it was 607·7; amongst those from 25 to 30, 298·9; and amongst those above that age, 306·6. In the year under report as in that preceding, the highest rate was amongst those from 20 to 25 years of age. The admission rate of men under one year in the Command was 802·6 per 1,000; that of men in their second year, 379·4; among those in their third year it was 142·8; and in those above that service, 248·5. These mada.

ratios are higher for men in their 1st year, and for those over three years than in 1893, and lower for men in their 2nd and 3rd years of service.

In Abstract V. will be found the sickness, mortality, and invaliding arranged according to the different groups and orders of diseases.

General Diseases.—*Diseases dependent on Morbid Poisons.*—The total admissions in the 1st sub-group were 9, of which 7 were for influenza, being a decrease of 11 on the number for the preceding year, 1 for mumps, and 1 for *simple continued fever*. The admission rate for this sub-group was 6·2 per 1,000, a decrease of 12·1 on that for the preceding year, and of 7·7 on the average rate for the preceding eight years.

Malarial Fevers.—There were no admissions for diseases included in this sub-group, but for *septic diseases* there were three admissions, viz., 2 for erysipelas, and 1 for pyæmia; the latter terminated fatally.

Venereal Diseases.—In this group, 47 admissions, equal to a ratio of 32·6 per 1,000, are shown for *primary syphilis*, which is 5·1 above that for the preceding year and 5·9 above the average rate for the previous eight years. Including the sickness from simple venereal ulcer, of which there were 12 cases recorded with ·57 constantly sick, the ratio of admissions for primary venereal sores was 40·9, being an increase on that for the year preceding of 1·5, and on the average of eight years of 6·6 per 1,000.

Secondary Syphilis caused 23 admissions, being in the ratio of 15·9 per 1,000, which is 3·9 higher than that for 1893 but 5·9 below the average. The admissions for *gonorrhœa* were 57 in number and the ratio, 39·5 is 6·2 below that for the previous year, and 20·9 lower than the average. Including all forms of venereal disease the total admission rate was 96·3 per 1,000 which, as compared with last year's rate shows a decrease of ·8 and, as compared with the average, one of 20·2. The total amount of constant inefficiency caused by these diseases was equal to 5·36 per 1,000, being above the rate for 1893 by ·24, but below the average by 1·92.

Alcoholism caused 4 admissions as compared with 7 in the preceding year. There were two cases of delirium tremens.

Rheumatism was the cause of 27 admissions, equal to a ratio of 18·7, which is below the rate for the previous year by 1·0, and lower than the average rate by 10·6. There were 3 cases of rheumatic fever, this number being the same as in 1893. For *tubercular diseases* there were 3 admissions as compared with 5 in the year preceding. The ratio, 2·1 per 1,000, shows a decrease of 1·4 when compared with that for 1893, but is fractionally above the average. There were 3 deaths from tubercle of lung, two of which occurred in invalids who had left the Command. The remaining admissions for diseases in Group D. were, 3 for non-malignant new growths, and 1 for anæmia.

Local Diseases.—*Diseases of the Nervous System.*—Nineteen admissions are returned, equal to a rate of 13·2, which is ·2 below that for the preceding year, but 3·1 above the octennial average rate. The cases were 1 of hemiplegia, 1 of local paralysis, 2 of neuralgia, 6 of vertigo, 3 of epilepsy, and 1 of hysteria, and 5 cases of mental disease, viz., 4 for mania, and 1 for dementia.

Diseases of the Eye.—In this order only 5 admissions are recorded as compared with 11 in the preceding year. The ratio, 3·5 per 1000, is 4·2 lower than that for 1893, and 5·2 below the average rate. Diseases of *other organs of special senses* caused 5 admissions, 4 of which were for affections of the ear and 1 for epistaxis.

Diseases of the Circulatory System.—Eight admissions are returned, 5 of which were for valvular disease of heart, and 1 for aneurysm of the aorta. The ratio, 5·5 is above that for the preceding year by ·6, but lower than the average of 8 years by 4·5.

Diseases of the Respiratory System.—There were 63 admissions for diseases included in this order, giving a ratio of 43·6, which is higher than that for the preceding year by 2·8, and than the average by 6·1 per 1,000. Of the admissions, 43 were for bronchial affections, 3 for laryngitis, 6 for asthma, 5 for pneumonia, 1 for pneumonic phthisis, 1 for vomica, and 4 for pleurisy. There were 2 deaths, one each from pneumonia and pneumonic phthisis.

Diseases of the Digestive System were the cause of 114 admissions, the ratio, 79·0, being below that for the preceding year by ·5, and above the average

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rate for the preceding eight years by 7·1 per 1,000. The most prevalent diseases were follicular tonsillitis 55, and dyspepsia 20 cases.

Diseases of the Lymphatic and Glandular System.—Twenty-four admissions are returned, equal to a ratio of 16·6 per 1,000, which is 7·4 above the corresponding rate for 1893 and 3·0 above the average.

Diseases of the Urinary System.—Three admissions are recorded in this order as compared with one in the preceding year. The cases were 1 nephritis, 1 hæmaturia, and 1 albuminuria.

Diseases of the Generative System.—29 admissions are returned. The ratio, 20·1 per 1,000, is 8·1 lower than that for the preceding year, and 5·8 below the average rate.

Diseases of the Organs of Locomotion show 11 admissions, or a ratio of 7·6, which is lower than that in the preceding year by 5·1, and 1·3 below the average. Eight of the admissions were for synovitis.

Diseases of the Connective Tissue gave 42 admissions, equal to a ratio of 29·1 per 1,000, an increase on that of the preceding year of 4·5, and one of 9·2 on the average rate for the preceding eight years. Eighteen of the cases were of inflammation and 24 of abscess of connective tissue.

Diseases of the Skin.—36 admissions are shown, including 11 for ulcer and 6 for itch. The ratio per 1,000, 24·9, is 5·4 lower than that for 1893, below the average rate by 9·8.

Poisons.—There were no admissions.

Local Injuries.—The admissions for injuries numbered 126, a decrease of 24 on the previous year. The ratio, 87·3 per 1,000, is 18·3 below that for 1893, but 12·6 above the average rate for the preceding 8 years. The cases included 36 of wound, 37 of sprain, 28 of contusion, and 9 of fracture. There were 6 cases of frostbite.

Invaliding.—The number of men invalided to England during the year was 16. The ratio, 11·09 per 1,000, is 2·28 below that for the year preceding, and lower than the average rate for ten years by 5·46. The rate of invaliding was 14·88 in the Royal Artillery, 13·57 in the Infantry (including one man who was discharged in the Command), and in other corps *nil.* With regard to age it is observed that none were under 20; 9, or 12·84 per 1,000, were from 20 to 25 years of age; 7, or 13·41 per 1,000, were from 25 to 30 years; and 1, or 7·30 per 1,000, was over that age. The ratio of men under one year in the Command was 12·99 per 1,000; that of men in their second year of service 10·15; of men in their third year 19·05, and of men over that service 12·12. The causes of invaliding were, tubercle of lung 3 cases, mania 4, and epilepsy, dementia, blepharitis, valvular disease of heart, aneurysm of aorta, bronchitis, asthma, nephritis, hæmaturia, and inflammation of shoulder joint one each.

The number of men discharged the service as medically unfit was 14, including the man who was discharged in the Command, equal to a ratio of 9·70 per 1,000, below the rate for the previous year by 2·26, and lower than the decennial average rate by 5·59. Of those discharged at home 4 were on account of mental disease and one for epilepsy, 2 for contraction of tendons, and one each for tubercle of lung, ophthalmic affection, aneurysm of aorta, hæmoptysis, nephritis, and ostitis.

Officers.—The average strength of officers was 59, and there were 39 attacks of illness recorded. The ratio of admissions, 661·0, is higher than the corresponding rate for 1893 by 386·8. The admissions include 6 for influenza. There was one death, that of an officer who was accidentally killed by falling from the roof of an hotel, and one officer was invalided for chronic synovitis of the knee.

Women.—The average strength was 121, and 16 cases of sickness are recorded. The ratio was 132·2, an increase on that for the preceding year of 39·9. There was no death.

Children.—In an average strength of 255 there were 60 cases of sickness, giving a ratio of 235·3. This is higher than that for 1893 by 2·5. There was 1 case of scarlet fever and 24 admissions for whooping cough. Five deaths occurred, viz., 2 from whooping cough, 1 from debility and 2 from infantile convulsions. The death-rate, 19·61, is 11·98 above that for the year preceding.

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Sanitary Conditions.—The Principal Medical Officer, Surgeon-Colonel S. Archer, states that the health of the troops was very good, and the sanitary condition of the quarters at Halifax was generally satisfactory, but that many of the occupied buildings are old and faulty in construction. No overcrowding occurred. The arrangements for warming were, on the whole, satisfactory, and there were but few complaints of insufficiency of fuel; but it is recommended that the electric light, which is in general use in the town, be introduced into the barracks in place of the present system of lighting by kerosine lamps. There was an ample supply of good water to all barracks except those at the harbour forts, where the water obtained from wells was, in most cases, brackish, and at times deficient in quantity. Dry earth-closets were in use at all barracks excepting at Wellington, where the latrines were on the water system; it is stated that the dry earth hoppers did not act well, and that it was difficult to induce the men to apply the earth where hand scoops were provided. The drainage of the barracks was good, certain minor defects being remedied when brought to notice. In the ablution rooms slate slabs were being gradually substituted for the old wooden benches. The rations were of good quality, and the means of cooking satisfactory. At the Station Hospital, Halifax, the ventilation, warming, and lighting gave satisfaction, and hot water was laid on to the baths adjoining the wards. Gymnastic exercise was found to perceptibly improve the physique of the men who completed a course of training. Temporary latrines were erected at George's Island, and dry earth-closets at the Military Prison and at the Clock Tower, to replace cess pits, but no works of an extensive character were undertaken.

V.—ON THE HEALTH OF THE TROOPS SERVING IN BERMUDA.

Sickness and Mortality.

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The average strength of warrant officers, non-commissioned officers and men serving in the Command during the year was 1,410, and the force was composed of Nos. 1, 3, and 20 Companies, Western Division, Royal Artillery, Nos. 27 and 36 Companies, Royal Engineers, the 1st Battalion Royal Berkshire Regiment; detachments, Army Service Corps, Medical Staff Corps, Ordnance Store Corps, and Garrison Staff.

The more important statistics of sickness and mortality among the troops are given in the following table:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
1,410	678	11	1	12	7	6	35·98	480·8	8·51	4·96	4·26	25·52

Compared with corresponding ratios in the previous year, an increase of 18·9 per 1,000 has occurred in the admission ratio, but a decline of ·12 is observed in the death-rate, and one of ·23 in the ratio constantly sick, and compared with average similar rates for the previous ten years, there is a decline of 89·4 in the admission rate, one of 1·98 in the death-rate, and one of 3·95 in the rate of constant inefficiency through sickness. The average sick time to each soldier was 9·31 days, fractionally shorter than the corresponding period in the preceding year and less than the average period in the preceding ten years by 1·45 days. The average duration of each case of sickness, 19·37 days, is shorter than in 1893 by ·98, but longer than the decennial average period by ·51 of a day.

The sickness and mortality among the troops arranged according to arms of the service and individual corps are shown in Abstract XL. Omitting No. 3 Company, Western Division, Royal Artillery, which only arrived from Canada in December, and other corps of small average strength, the highest admission ratio in any corps was 666·7 in No. 20 Company, Western Division, Royal Artillery, at Prospect and Ireland Island; the next being 493·6 in No. 1 Company, Western Division, Royal Artillery, at St. George's, until departure for Canada at the end of November; the lowest rate was 319·4 in No. 27 Company, Royal Engineers, at St. George's, the next above being in No. 36 Company of the same corps at Prospect. The ratio in the 1st Battalion Royal Berkshire Regiment, with headquarters at Prospect, was 464·7 per 1,000. Of the deaths, 7, including that of the invalid, or 7·84 per 1,000, occurred in the 1st Battalion Royal Berkshire Regiment, 2, or 16·66 per 1,000 in No. 20 Company, and 1, or 6·41 per 1,000 in No. 1 Company, Western Division, Royal Artillery, and 2, or 27·77 per 1,000, in No. 27 Company, Royal Engineers. The highest ratio of constantly sick was 40·58 per 1,000 in No. 20 Company, Western Division, Royal Artillery, and the next below, 30·00, in No. 1 Company, Western Division, Royal Artillery; the lowest ratio was 13·06 in No. 27 Company, Royal Engineers.

With regard to the influence of age on sickness and mortality, it is calculated that the admission rate among men under 20 years of age was 688·9 per 1·000, among men between 20 and 25 years of age it was 572·0, among men between 25 and 30 years of age it was 399·6, and among men over that age 251·5 per 1,000. Of the deaths, 7, or 9·51 per 1,000, were among men between 20 and 25 years of age; 3, or 6·55 per 1,000, among men in the next quinquennium, and one, or 5·84 per 1,000, among men over 30 years of age. In the preceding year the highest admission rate was among men under 20 years of age, and the highest mortality rate among men between 25 and 30 years of age. Taking length of service in the Command, it is observed that the admission rate for men under one year's service in the islands was 543·3 per 1,000, among men in their second year of service 457·5, among men in their third year 276·6, and among men over three years' service 515·5 per 1,000. Of the 11 deaths, 4, or 8·46 per 1,000, occurred among men in their first year of service in the Command, 6, or 8·80 per 1,000 among men in their second year, and the other was that of a man over three years' service. In the previous year the highest admission ratio was among men in their first year of service in the islands, and the highest mortality rate among men of over three years' service.

The admissions and deaths, &c., according to the different groups and orders of diseases will be found in the table given in Abstract VI.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—*Enteric fever* caused 22 admissions and 5 deaths, being in the ratios of 15·6 and 3·54 per 1,000 respectively. Compared with corresponding ratios in the previous year there is a decrease of 15·3 in the admission rate, and of 2·93 in the death rate, and compared with average ratios for the previous eight years there is a decline of 19·7 in the ratio of admissions, and one of 2·47 in that of mortality. The per-centage of mortality to attack was 22·7 as compared with 20·9 in the previous year, and with 17·0 the average of eight years. The cases were distributed throughout the Command as follows:—St. George's 10, Prospect Camp 4, Fort Langton 2, Ireland Island 2, Watford 1 case, Warwick Camp 1, Station Hospital, Prospect, 1 (a man of the Medical Staff Corps), and Whale Bay Battery 1.

The medical officer in charge of the station hospital at St. George's states that all the cases treated there were of a severe type; one occurred in January, and the remainder during the last five months of the year, but in no instance could a definite origin for the disease be traced. Of the cases treated in the hospitals at Prospect and Watford it was only possible to trace the cause of the disease in one instance, viz., in that of the man from Warwick Camp, where water was purchased from outside owing to the usual supply having become exhausted.

Simple Continued Fever caused 16 admissions, giving a ratio of 11·4 per 1,000, which is lower than the corresponding rate in the previous year by 7·3, and below the octennial average rate by 13·0. Of the cases 12 occurred at Prospect, 2 at St. George's and 2 at Watford.

Dysentery was the cause of 5 admissions and 1 death, equal to ratios of 3·5 and ·71 per 1,000 respectively. The admission rate is higher than in 1893 by 2·8 and than the average rate by 2·3.

The remaining admissions in the 1st sub-group of general diseases were 12 mild cases of influenza, which occurred in the early part of the year.

Malarial Fevers and *Septic Diseases* were entirely absent.

Venereal Diseases.—There were 17 admissions for *primary syphilis*, giving a ratio of 12·0 per 1,000, which differs only by ·2 from the previous year's rate, but is 3·1 below the average rate. Including 10 admissions for simple venereal ulcer with ·48 constantly sick, the admission ratio for primary venereal sores was 19·1 per 1,000, higher than in 1893 by 4·7, but below the average rate for the previous eight years by 1·1. The admissions for *secondary syphilis* were 8 in number, equal to a ratio of 5·7 per 1,000, which is lower in the two comparisons, by 1·5 and 13·4 respectively. *Gonorrhœa* was the cause of 34 admissions, being in the ratio of 24·1 per 1,000, higher than the previous year's rate by 1·8, and above the average rate by 4·7. Taking all forms of venereal disease together the admission ratio was 48·9 per 1,000, an increase of 5·0 on the corresponding rate in the preceding year, but below the octennial average rate by 9·8. The total amount of constant inefficiency from these diseases was equal to 3·71 per 1,000, more than in the previous year by ·59, but less than the average by ·80. *Bermuda.*

Parasitic Diseases were represented by one case of tænia solium and one of ascaris lumbricoides, and there were 11 cases of *alcoholism.* No case of delirium tremens occurred.

Debility gave an admission ratio of 4·3 per 1,000, almost double that of the previous year, but below the average rate by 6·8.

Rheumatism was the cause of 16 admissions, including one for rheumatic fever. The admission rate, 11·4 per 1,000, is lower than in the preceding year by 5·9, and than the average rate by 7·6.

The remaining 5 admissions for general diseases were cases of non-malignant new growth.

LOCAL DISEASES.—*Diseases of the Nervous System* .caused 12 admissions, equal to 8·5 per 1,000, which is higher than the corresponding rate in the previous year by 3·5, and fractionally above the average rate. The principal cause of admission was neuralgia, 6 cases, and there were 2 cases of abscess of brain, both fatal, 2 of paralysis, 1 case of vertigo and 1 of melancholia.

Diseases of the Eye.—13 admissions are returned, 10 of which were for conjunctivitis. The admission ratio, 9·2 per 1,000, is below the last year's rate by ·9 and below the average rate by 3·6.

Diseases of other Organs of Special Senses caused an admission ratio of 12·8 per 1,000, an increase of 2·0 on the ratio in 1893, and above the average rate by 3·8. Of 18 cases treated 16 were inflammation of the external meatus.

Diseases of the Circulatory System caused only 3 admissions, 2 for valvular disease and 1 for palpitation of the heart. The ratio of admission, 2·1 per 1,000, is below the previous year's rate by 11·6, and below the average rate by 8·1.

Diseases of the Respiratory System caused 22 admissions, equal to 15·6 per 1,000, and an invalid died from pneumonic phthisis after leaving the Command. The admission ratio is less than that in the preceding year by 13·2, and than the average rate by 11·6. Bronchial affections caused 14 admissions and among the remainder were 3 cases of pneumonia.

Diseases of the Digestive System.—135 admissions and 1 death are recorded, giving an admission ratio of 95·7 per 1,000, higher than in the previous year by 5·1, but below the average rate by 7·9. The chief causes of admission were diarrhœa 36 cases, affections of the mouth and throat 30, and dyspepsia 26 cases. The death was due to acute yellow atrophy of liver.

Diseases of the Lymphatic and Glandular System gave an admission ratio of 9·9, above the last year's rate by 5·6, but less than the average rate by 2·3.

Diseases of the Urinary System caused only 3 admissions, one each for nephritis, Bright's disease, and incontinence of urine. The case of Bright's disease proved fatal.

Diseases of the Generative System were at the rate of 16·3 per 1,000, as compared with 11·5 in 1893, and 17·7 the average rate. Simple venereal ulcer and balanitis were the chief causes of admission, and there were two cases of urinary fistula and one case of extravasation of urine.

Diseases of the Organ of Locomotion were represented by one case of necrosis and one of inflamed bursa.

Diseases of the Connective Tissue caused 40 admissions; the ratio 28·4 per 1,000 is higher than the previous year's rate by 10·4, and fractionally above the average rate.

Diseases of the Skin.—85 admissions are recorded, being in the ratio of 60·3 per 1,000, above the rate in the preceding year by 27·9 and in excess of the average rate by 6·8. Scabies, boils, and ulcers were the chief causes of sickness.

Injuries.—149 are returned. The admission ratio 105·7 per 1,000 is above the corresponding rate in 1893 by 3·5, but below the average rate by 3·8. There was one death from accidental drowning, but no admission occurred for general injury. Wounds, sprains, and contusions accounted for the greater part of the cases.

Invaliding.—The number of men invalided home during the year was 7, being in the ratio of 4·96 per 1,000, which is higher than the previous year's

Bermuda.

rate by ·64, but below the decennial average rate by 8·62. Of the arms of the service the Artillery gave an invaliding ratio of 3·46, dependent upon one man who was discharged locally; in the Engineers one man was sent home, equal to 6·29 per 1,000, and 5 men, or 5·60 per 1,000, embarked belonging to the Infantry regiment. There was also one man of the Army Service Corps sent home. Compared with corresponding figures for 1893 all these ratios have increased. Including the man discharged in the Command, 3, or 4·07 per 1,000, of the men invalided were between 20 and 25 years of age as compared with 7·37 in 1893, 2 men, or 4·37 per 1,000, were between 25 and 30 years as compared with 1·95, and 3 men, or 17·54 per 1,000, were over 30 years of age as against *nil* in the previous year. With regard to service in the Command, 5 men, or 10·57 per 1,000, were in their first year, 1 man, or 1·46 per 1,000, was in his second year, 1 man, or 10·63 per 1,000, was in his third year, and 1 man, or 6·21 per 1,000, had over three years' service in the Command. In the preceding year the invaliding occurred among men in their second and third years of service, the ratios being 4·74 and 30·86 per 1,000 respectively. The causes of invaliding to England were valvular disease of the heart 2 cases, and palpitation of the heart, melancholia, chronic pneumonia phthisis, fistula in ano, and caries of spine, one case respectively.

The number of men finally discharged as medically unfit for further service was 6 (including the man discharged in Bermuda), equal to a ratio of 4·26 per 1,000, which is below the previous year's rate by 1·49 and below the average rate for the previous ten years by 5·30. The disabilities necessitating discharge were diseases of the circulatory system 4 cases, and one case each of mental disease and respiratory affection.

Officers.—The average strength was 61, and there were 18 cases of sickness, being in the ratio of prevalence of 295·1 as compared with 258·6 in 1893. Among the cases treated were 3 of simple continued fever.

Women.—In an average strength of 90, there were 64 cases of illness, or 711·1 per 1,000, an increase of 148·6 on the last year's rate. The chief causes of sickness were debility and diseases of the digestive and generative systems, and among the remainder were two cases of simple continued fever. One woman died from enteric fever, for which she was admitted in 1893.

Children.—The average strength was 158, and the cases of sickness 119 in number with 4 deaths. The ratio of sickness was 753·2, and that of mortality 25·32 per 1,000, the former being higher by 267·3, and the latter lower by 2·85 than the corresponding rates in the previous year. The diseases causing most sickness were diarrhœa, febrile diseases, and bronchitis, and among the remainder were six cases of debility. The deaths were, two from diarrhœa, and one each from immaturity at birth and tetanus.

Sanitary Conditions.—The Senior Medical Officer, Brigade-Surgeon-Lieutenant-Colonel H. Comerford, M.D., reports that the drainage at Prospect, St. George's, and Watford, having been found defective, was being repaired. A second new block of permanent barracks at Prospect was occupied early in the year, and the old clothing store converted into quarters for two warrant officers. The condition of the vicinity of the barracks was satisfactory, and every attention was paid to the general sanitary state of the buildings. It is stated that mineral waters obtained from Hamilton and St. George's are not to be depended upon, the tanks in those towns being in dangerous proximity to cess-pits, and that beverages manufactured under supervision would be more satisfactory. The clothing worn was considered too warm and heavy for summer, and white drill or khaki is suggested. It is proposed to introduce the "Conder's" system of sewage disposal at Prospect, but for certain reasons the dry earth method at present in use would appear to be preferable.

VI.—ON THE HEALTH OF THE TROOPS SERVING IN THE WEST INDIES.

Sickness and Mortality.

I.—European Troops.

West Indies.

The average strength of the troops serving in the West Indies during the year was 1,337. Of these 775 were stationed in the Barbados Command, and 562 in Jamaica. The force in the Barbados Command consisted of the 19th Company, Western Division, Royal Artillery, which left for Bermuda early in December on relief by the 23rd Company from Halifax, N.S., and the District Establishment Royal Artillery; a small detachment of the Royal Engineers, the headquarters 1st Battalion Leicestershire Regiment, and detachments of the Army Service Corps, Medical Staff Corps, Army Pay Corps and Garrison Staff throughout the year, the stations occupied being Barbados and St. Lucia with average strengths of 539 and 236 respectively. In Jamaica the force comprised the 10th Company Western Division Royal Artillery, which left for home in February, being relieved by the 14th Company from the Channel Islands, and detachments of the Royal Engineers, 1st Battalion Leicestershire Regiment, Army Service Corps, Medical Staff Corps, &c. The troops were distributed as follows: Newcastle 321, Port Royal 93, and Up Park Camp 148.

The more important statistics of sickness and mortality among the troops in each division of the Command, as well as of those in the West Indies, taken as a whole, are shown in the subjoined table:—

1894.	Average Strength.	Admissions.	Deaths			Invalids	
			In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.
Barbados Command - -	775	1,040	6	—	6	22	15
Jamaica - - - - -	562	557	4	—	4	4	1
West Indies - - - -	1,337	1,597	10	—	10	26	16

(*continued.*)

1894.	Average constantly Sick.	Ratio per 1,000 of Strength.				
		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
Barbados Command - -	58·07	1341·9	7·74	28·30	19·35	74·93
Jamaica Command - -	24·88	991·1	7·12	7·12	1·78	44·27
West Indies - - -	82·95	1194·5	7·48	19·45	11·97	62·04

[illegible] and mortality in the Barbados Command be [illegible] preceding year, it will be observed that the [illegible] by 66·0, and the death rate by 6·43, while the [illegible] inefficiency through sickness has decreased by 11·15 per [illegible] sick time to each soldier, 27·35 days, is shorter by 4·07, [illegible] duration of each case of sickness, 20·38 days, is shorter by

[illegible] the ratio of admission has increased by as much as 313·1, and [illegible] constantly sick rate by 6·01, but the death-rate has declined by 6·88 per [illegible] comparison with corresponding figures for the previous year. The [illegible] sick time to each soldier was 16·16, and the average duration of each case of sickness 16·30 days, the former being longer by 2·20, and the latter shorter by 4·30 days than the corresponding periods in 1893.

Taking all the troops in the West Indies together, the ratio of admission has increased by 155·7, and the mortality rate by 1·14, as compared with the corresponding rates in the year before, while the constantly sick rate has declined by 5·08 per 1,000; in comparison with similar average rates for the previous ten years, the admission and constantly sick rates have increased by 131·6 and 4·10 respectively, the death rate showing a decline of 1·84. The average sick time to each soldier was 22·65 days, shorter than in 1893 by 1·85 days, but longer than the decennial average period by a day and a half. The average duration of each case of sickness was 18·96 days, shorter in the two comparisons by 4·62 days and ·94 of a day respectively.

In Abstract XL. will be found a table showing the most important of the statistics of sickness and mortality of the different corps which served in the West Indies during the year. In the Artillery, excluding those companies which were only a short time in the Command, No. 14 Company, Western Division at Jamaica gave the highest admission and constantly sick rates, 1626·1 and 71·74 per 1,000, the rates in No. 23 Company at Barbados and St. Lucia being 843·7 and 45·31 respectively. Of the 3 deaths, 2 were in No. 14 Company, and the other in the District Establishment at St. Lucia. The headquarter's portion of the 1st Battalion Leicestershire Regiment at Barbados and St. Lucia gave admission, mortality, and constantly sick rates of 1489·1, 5·03, and 84·04 per 1,000 respectively, as compared with 932·1, 2·95, and 42·51, in the wing at Jamaica.

The sickness and mortality according to the age of the men has been calculated, and it is found that the admission ratio among men under 20 years of age was 1619·0 per 1,000, as compared with 1315·8 in the previous year; among men between 20 and 25 years of age it was 1355·3 as against 1265·1; among men in the next quinquennium the ratio was 1099·5, compared with 878·0; and among men over 30 years of age 621·9 per 1,000, the corresponding rate for the preceding year being 575·5. It will be observed that, as in 1893, a steady decline occurred through the successive age periods. Of the deaths, 7, or 9·21 per 1,000, occurred among men between 20 and 25 years of age, and 3, or 7·65 per 1,000, among those between 25 and 30 years of age.

With regard to length of service in the Command, the admission ratio among men in their first year of service was 1293·5 per 1,000, falling to 1166·7 among those in their second year, 1019·8 among those in their third year, and 780·5 among men who had been more then three years in the Command. In the previous year the highest admission rate was among men in their second year, and the lowest among men in their third year of service.

The mortality among men in their first year was 11·21 per 1,000, dependent upon 6 deaths; among men in their second year there were 3 deaths, or 4·54 per 1,000, and there was 1 death, or 24·39 per 1,000 among men with over three year's service, the sequence bearing no similarity to that observed in the year preceding.

In Abstract VII. will be found the most important of the statistics of sickness and mortality arranged according to the different groups and orders of diseases.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—*Enteric Fever* was the cause of 13 admissions and 6 deaths. The ratio of admission, 9·7 per 1,000, is higher than the corresponding rate in the previous year by 1·8, but lower than the average rate for the previous eight years by 1·0. The

West Indies.

per-centage of mortality to attack was 46·1 as compared with 50·0 in 1893 and 24·0, the average of eight years. Of the cases 6, or 7·7 per 1,000, occurred in the Barbados Command, the rate in the previous year being 2·6; the mortality rate was 5·16, dependent on four deaths, as against 1 death or 1·31 per 1,000 in 1893. There were five cases with three deaths at Barbados, for which no special cause could be assigned; the fatal case at St. Lucia was attributed to drinking impure water out of barracks. Seven cases and 2 deaths at Jamaica gave ratios of 12·5 and 3·56 per 1,000 respectively, as compared with 16·0 and 8·00 in the preceding year. Up Park Camp furnished 6 cases with one death, and 1 man who died at Newcastle was admitted to hospital a few days after arrival from the plains. In no case could a definite cause be traced, but it is stated that the water supply of Up Park Camp is capable of much improvement,

Simple Continued Fever caused 298 admissions, equal to a ratio of 222·9 per 1,000, an increase of 174·5 on the corresponding rate of 1893, and one of 130·2 on the average rate of eight years. In the Barbados Command there were 238 admissions or 307·1 per 1,000, of which 24 occurred at St. Lucia; Jamaica with 60 cases giving a rate of 106·8. A single mild case of *yellow fever* occurred in a man who had recently arrived in Jamaica; the origin was not traced, and no other case occurred.

There were 5 admissions for *dysentery*, the same number as in the last year, and *other diseases* of the 1st sub-group were represented by 94 cases of influenza of a mild type.

Malarial Fevers.—51 admissions are returned, or 38·2 per 1,000, which is above the rate in the preceding year by 8·1, but below the average rate by 5·2. Of the cases, 28 occurred in Jamaica and the remainder at St. Lucia.

Venereal Diseases.—The admissions for *primary syphilis* were 68 in number, equal to a ratio of 50·9 per 1,000, higher by 20·8 than the corresponding rate for 1893. Including simple venereal ulcer, for which the admissions were 139, and the number constantly sick 11·10, the admission ratio for primary venereal sores was 154·8, and the constantly sick rate 12·31 per 1,000, which are higher than the corresponding rates in the previous year by 58·1 and 3·56, and than average similar ratios for the preceding eight years by 25·7 and 2·18 per 1,000 respectively. In the Barbados Command the admission ratio for primary venereal sores was 200·0, and the constantly sick rate 16·43 per 1,000, as compared with 122·2 and 9·04 in the previous year. In Jamaica the rates were 92·5 and 6·64, as compared with 58·0 and 5·56 in 1893. The admissions for *secondary syphilis* were 61 in number, and there were 4·85 men constantly sick, being in the ratios of 45·6 and 3·63 per 1,000 respectively, which are lower than the last year's ratios by 2·0 and 1·48 respectively, while in comparison with the octennial average rates the former is higher by 8·4 and the latter lower by ·29. In the Barbados Command alone the admission rate was 41·3 and the constantly sick rate 3·52 per 1,000, as compared with 59·1 and 6·77 respectively in the previous year. In Jamaica secondary syphilis gave an admission ratio of 51·6 and a constantly sick rate of 3·77 per 1,000, as against 30·0 and 2·60 in 1893. *Gonorrhœa* caused 195 admissions and the constant sickness of 13·52 men, equal to ratios of 145·8 and 10·11 per 1,000 respectively, lower than the corresponding rates in the preceding year by 27·9 and 5·05, and below the average rates by 6·7 and 1·09. In the Barbados Command the ratio of admission was 167·7 and that of constantly sick 12·97 per 1,000, being lower by 53·1 and 7·77 than the similar rates in the year before. In Jamaica the admission rate equalled 115·7 and the constantly sick rate 6·17, as compared with 102·0 and 6·68 per 1,000. Including all forms of venereal disease, the total admission rate was 346·2, which is in excess of the corresponding rate in the previous year by 28·2, and above the octennial average rate by 27·3. The total ratio of constant inefficiency on account of these diseases was 26·05 per 1,000, which is below the last year's rate by 2·97, but above the eight year's average rate by ·80. In the Barbados Command the total admission ratio was 409·0, and the total rate of constantly sick 32·92 per 1,000, as compared with 402·1 and 36·55 in the preceding year, and in Jamaica the rates were 259·8 and 16·58 as compared with 190·0 and 14·84 in 1893.

Three admissions are recorded for *parasitic diseases*, all for tænia solium, and of 8 cases of *alcoholism* 2 are returned as delirium tremens. There were est Indies. 13 admissions for *debility*, the ratio 9·7 per 1,000, being below the previous year's rate by 6·2, and less than the average rate by 5·6.

Rheumatism.—Under this head 24 admissions are returned; the ratio, 18·0 per 1,000, is below the last year's rate and the average by 23·2 and 19·7 respectively. Of the cases 19 occurred in the Barbados Command and 5 in Jamaica, none being shown as rheumatic fever.

There were 7 admissions for *tubercular disease*, all being cases of lung affection, equal to a ratio of 5·2 per 1,000, higher than in 1893 by 3·6 and above the average rate by 3·9. There was no death.

For *other diseases* of this group 27 admissions are recorded, comprising 18 for non-malignant new growth, and 9 for anæmia. Of the latter, 7 occurred in the Barbados Command.

LOCAL DISEASES.—*Diseases of the Nervous System* caused 18 admissions, being in the ratio of 13·5 per 1,000, below the corresponding rate for the previous year by 2·3 and 1·1 below the average rate. The cases were, 11 of neuralgia, 3 of vertigo, 2 of paralysis, and 1 case each of cerebral hæmorrhage and epilepsy. There was one death from cerebral hæmorrhage. Excepting one of neuralgia, all the admissions and the death occurred in the Barbados Command.

Diseases of the Eye.—The admission rate was 9·0 per 1,000, fractionally higher than in the year before, but below the average rate by 4·6. Out of 11 admissions 8 were for conjunctivitis. *Diseases of other organs of special senses* gave an admission rate of 20·2 per 1,000, as compared with 33·3 in the year preceding, the average rate being 22·2. Aural diseases, principally inflammation of the external meatus, furnished 25 of the cases, and there were two admissions for diseases of the nose.

Diseases of the Circulatory System caused 11 admissions, showing an admission rate of 8·2 per 1,000, an increase on the last year's rate of 1·1, but below the average by 2·6. In Jamaica there was only one admission, for valvular disease of the heart, the Barbados Command furnishing 2 cases of that disease, 7 of palpitation, and 1 of phlebitis.

Diseases of the Respiratory System.—The admission ratio was 20·9 per 1,000, higher than that in 1893 by 4·2, but below the octennial average rate by 10·0. The 28 admissions included 22 for bronchitic affections, 13 of which occurred in Jamaica; there were 3 cases of pleurisy and 1 case each of passive congestion of lung, hæmoptysis and pneumonia.

Diseases of the Digestive System—100 admissions are returned, being in the ratio of 74·8 per 1,000, lower than the corresponding rate in the previous year by 16·4, and below the average rate by 32·9. The ratio in the Barbados Command was 90·3, and that in Jamaica 53·4 per 1,000. The principal diseases causing admission were affections of the mouth and throat 29 cases, dyspepsia and diarrhœa each 27, and hepatic diseases 5.

Diseases of the Lymphatic and Glandular System with a ratio of 42·6 per 1,000 were not so prevalent as in 1893, but about the average. *Diseases of the urinary system* were rather more frequent, the ratio being 2·2 per 1,000 as against 1·6 in the previous year and 1·7 the average rate. There was one death from acute nephritis. *Diseases of the generative system* gave a ratio of 128·7 per 1,000, which is in excess of the last year's rate and the average rate by 32·7 and 17·6 respectively. Of the 172 admissions 139 were due to simple venereal ulcer, and 134 of these occurred in the Barbados Command. *Diseases of the organs of locomotion* caused only 4 admissions, or a rate of 3·0 per 1,000, as compared with 17·4 in the year before and the average rate of 17·6, and *diseases of the connective tissue* with 52 admissions, equal to 38·9 per 1,000, were rather less frequent in both comparisons. *Diseases of the skin* caused 83 admissions, or 62·1 per 1,000, lower than in 1893 by 2·9, but below the octennial average rate by 18·1.

Injuries.—The admissions were 160 in number, being in the ratio of 119·7 per 1,000, which is higher than that in the preceding year by 14·2, but below the average rate by 23·8. Contusions, wounds, and sprains formed the bulk of the admissions. There were 2 deaths, both in Jamaica, one from concussion of spinal cord caused by an accidental fall from a height, and one from gunshot wound, self-inflicted.

West Indies.

Invaliding.—The number of men invalided home from the West Indies was 26, equal to a ratio of 19·45 per 1,000, which is below the corresponding rate in the previous year by 2·75, and below the decennial average rate by 1·22. The invaliding rate for the Barbados Command was 28·39 per 1,000, and that for Jamaica 7·12, as compared with 28·91 and 12·00 in 1893. Of the men invalided the 1st Battalion Leicestershire Regiment furnished 21, the Artillery 3 and other corps 2. With regard to age 17 men, or 22·37 per 1,000, were between 20 and 25 years of age, 7 men, or 17·86 per 1,000, were between 25 and 30, and 2 men, or 12·19 per 1,000, were over 30 years of age. With regard to service in the Command, 2 men, or 3·74 per 1,000, were in their first year of service, 21 men, or 31·82 per 1,000, were in their second year, and 3 men, or 29·70 per 1,000, were in their third year. The causes of invaliding were tubercular disease of the lung 6 cases, secondary syphilis 3, palpitation of heart 3, debility and perforation of the membranum tympanum each 2 cases, and dysentery, anæmia, local paralysis, epilepsy, opacity of cornea, inflammation of optic nerve, deafness, hernia, concussion of spinal cord, and rupture of membranum tympanum one case respectively.

The number of men discharged the service during the year as medically unfit for further service was 16, equal to a ratio of 11·97 per 1,000, which is less than the corresponding rate in the previous year by 4·68, and below the average rate of the preceding ten years by 1·50. The number of men from the Barbados Command alone who were discharged as invalids was 15, or 19·35 per 1,000, and there was 1 man, or 1·78 per 1,000, who came from Jamaica. The disabilities necessitating discharge were tubercular disease of the lung 4 cases, diseases of the eye 3, aural diseases and diseases of the circulatory system 2 cases each, and secondary syphilis, anæmia, paralysis, hernia, and synovitis, one case respectively.

Officers.—The average strength was 113, of which 52 were stationed in the Barbados Command and 61 in Jamaica. The attacks were 32 in the former and 52 in the latter, a total of 84, giving a ratio of sickness of 743·4, which exceeds the corresponding rate in the preceding year by 145·0. Among the cases treated were 25 of simple continued fever, 11 of influenza. 6 of malarial fever, and 2 of enteric fever. No death occurred, but 5 officers were invalided, all from Jamaica, the causes being enteric fever, debility, diarrhœa, loose body (cartilage), and concussion of brain.

Women.—The average strength was 112, and the attacks of illness 88, equal to a ratio of 785·7 per 1,000 an increase of 201·6 on the last year's rate; there were two deaths or 17·86 per 1,000, as compared with *nil* in 1893. In the Barbados Command the strength was 61 and the cases of sickness 64, and in Jamaica the strength was 51 and the cases of sickness 24. Among the cases treated were 28 of simple continued fever, 14 of debility, 6 each of influenza, malarial fever, and diseases of the generative system and 2 of enteric fever, one of which proved fatal. The other death was a case of poisoning by hydrocyanic acid feloniously administered by the husband of the deceased woman, who afterwards shot himself.

Children.—The average strength was 176, of which 85 were at Barbados and 91 at Jamaica. There were 64 cases of sickness in the former Command and 50 in the latter, the total 114 giving a ratio of sickness equal to 647·7 per 1,000, which is lower by 69·9 than the rate in the preceding year. There were 7 deaths, or 39·77 per 1,000, an increase of 28·01; of these two occurred in the Barbados command and 5 at Jamaica. The cases included 21 of simple continued fever, 15 of whooping cough, 15 of diarrhœa, 9 of bronchitis, 6 of influenza, 4 of malarial and 1 of enteric fever. The causes of death are returned as diarrhœa, whooping cough, infantile convulsions, debility, fissure of spinal cord, cretinism, and purpura, one case respectively.

Sanitary Conditions.—The Senior Medical Officer of the Barbados Command Brigade-Surgeon-Lieutenant-Colonel H. J. O'Brien, M.B., reports that the barrack accommodation throughout the Command was good, the ventilation of the barracks, huts, &c. satisfactory, and cleanliness was well maintained. The supply of water was good and abundant. The corporal's room in the canteen at Barbados was enlarged, water laid on to the steward's quarters in the Station Hospital and a new range provided in the Hospital kitchen. Cupboards were provided for all the cookhouses, and the drainage system was improved by additional manholes for inspection and cleaning, and by increased

West Indies.

ventilation. At St. Lucia officer's quarters and additional stables were being built with quarters for groom, a skittle alley was provided and the partial re-construction of the temporary station hospital was approaching completion. At present the water supply is derived from rain water stored in tanks and filtered when necessary, quality good and quantity sufficient for most purposes, but it was not always possible to thoroughly flush the drains and urinals. It was hoped that arrangements might be made to obtain a supply through pipes from a neighbouring hill. A system of pipes and concrete drains from the Morne to the sea was completed and connected up with urinals and sinks. The Senior Medical Officer at Jamaica, Surgeon-Lieutenant-Colonel C. W. M. Keys, M.D., states that the sanitary arrangements throughout were satisfactory with the exception of the water supply at Up Park Camp, which is derived from two sources, the Waj river and the Hope River. The water from the former is partially purified at the intake, and is intended to be the only water used for drinking and cooking; that from the latter comes direct, laden with impurities, and though not intended for drinking or cooking is often used for both. The food was good, the clothing suitable, the barrack accommodation satisfactory, and the duties not excessive. A larger and more modern kitchen for the hospital at Up Park Camp was nearly completed, new drains being laid down to carry off the refuse water therefrom, but barrack accommodation for the detachment of the Medical Staff Corps was much needed, the men having to live at an inconvenient distance. Other additions and alterations were made at the Station hospital which leave little to be desired in the way of accommodation. An addition was made to the canteen and the ventilation improved, but the building is not considered sufficient for the requirements of the camp. A soda-water factory was established and the out-put much appreciated. A new drainage scheme was in course of construction. The hospital for cases of infectious disease was railed in and the enclosed ground was converted into a garden, the meteorological observatory renovated and improved and trees planted by the roadsides throughout the camp. At Port Royal improved latrines on the dry earth system were provided. Borings were made during the year with a view to obtaining a more ample water supply but the result was not considered satisfactory, and further boring was abandoned. The harbour forts were occupied during the year, the sanitary arrangements were good and no overcrowding took place. The water supply was not considered satisfactory, being brought from a distance, and the water from wells in the vicinity was analysed but found to be unsuitable for drinking. During the year improvements were made in the grading and drainage of the streets in the town of Port Royal and some new cemented surface drains laid down. At Newcastle the water supply was good; a new spring was discovered during the year, which was utilized in the season of scarcity and was found to be of excellent quality. It is suggested that if this spring were rented by the authorities there would be an ample supply of pure water and certain doubtful sources could be dispensed with. The conservancy was systematically and thoroughly attended to and bush cutting practised regularly. All the huts were overhauled and repainted and an additional one appropriated as a sanitorium for sick officers from the plains. A small hut was used for non-commissioned officers and their families sent for change, but is considered too small for the purpose. The two swimming baths were much used and greatly appreciated.

II.—NON-EUROPEAN TROOPS.

The average strength of non-commissioned officers and men, exclusive of European sergeants, was 1,593; of these 494 were stationed in the Barbados Command and 1,099 in Jamaica. The force in the Barbados Command consisted of the St. Lucia Company, Royal Artillery, and detachments of the West India Fortress Company, Royal Engineers, and 2nd Battalion West India Regiment. The stations occupied were Barbados and St. Lucia, average strength 326 and 168 respectively. In Jamaica were the Jamaica Company Royal Artillery, the West India Submarine Mining and Fortress Companies, Royal Engineers, and the headquarters of the 2nd Battalion and the Depôt

West Indies.

West India Regiment, the stations occupied being Port Royal, average strength 208, and Up Park Camp, 891.

The more important statistics of the sickness and mortality among non-European troops in each of the divisions, as well as among those serving in the West Indies as a whole, will be found in the subjoined table :—

1894.	Average Strength.	Admissions.	Deaths			Invalids	
			In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.
Barbados Command - -	494	628	7	—	7	—	23
Jamaica - - - - -	1,099	1,070	8	—	8	—	28
West Indies - - -	1,593	1,698	15	—	15	—	51

(*continued.*)

1894.	Average constantly Sick.	Ratio per 1,000 of Strength.				
		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Average constantly Sick.
Barbados Command - -	38·33	1271·3	14·17	—	46·56	77·59
Jamaica - - - - -	77·03	973·6	7·28	—	25·48	70·09
West Indies - - -	115·36	1065·9	9·42	—	32·02	72·42

Taking the statistics for the Barbados Command and comparing them with those recorded in the previous year, an increase is observed in all the ratios, being as much as 221·7 in the case of admissions, 3·84 in that of death, and 6·64 in that of constantly sick. The average sick time to each soldier was 28·32 days, which is longer by 2·42 days than the corresponding period in the previous year. The average duration of each case of sickness was 22·28 days, which is less by 2·40 days.

In Jamaica there was an increase, 71·5, in the ratio of admission, but there was a decline of ·17 in the ratio of mortality, and one of 2·38 in the rate of constantly sick. The average sick time to each soldier was 25·58 days, and the average duration of each case of sickness 26·28 days; the former being shorter by ·87 of a day and the latter by 3·04 days than the corresponding periods in the preceding year.

Taking all the non-European troops in the West Indies it is observed that the admission rate is higher by 117·9 than the corresponding rate in the previous year, the death rate by 1·07, and the constantly sick rate by ·42, but compared with average similar ratios for preceding ten years, the admission and mortality rates have declined by 115·7 and 3·99 respectively, while the constantly sick ratio is higher by 1·58. The average sick time to each soldier was 26·43 days, which is fractionally longer than the corresponding period in the previous year and than the average period for the preceding ten years. The average duration of each case of sickness was 24·80 days, shorter than in the preceding year by 2·92 days, but longer than the decennial average period by exactly the same amount.

With regard to the sickness and mortality of corps in the Barbados Command, the admission rate for the St. Lucia Company, Royal Artillery, was est Indies.

1555·6, that for the West India Fortress Company, Royal Engineers, 1235·3, and for the detachments 2nd Battalion West India Regiment, the admission rate was 1198·4, and the death-rate 18·52 per 1,000.

In Jamaica the Jamaica Company, Royal Artillery, had an admission ratio of 2041·7, the West India Submarine and Fortress Companies, Royal Engineers, one of 843·1, and the 2nd Battalion West India Regiment, an admission rate of 806·6 and a death rate of 11·01 per 1,000. In the Depôt, West India Regiment, the admission rate was 1078·4 and that of mortality 3·92.

Taking the troops in the West Indies together, the sickness according to age shows that among men under 20 years of age the admission ratio was 1823·1 per 1,000, among men between 20 and 25 years of age it was 1305·6, among men in the next quinquennium 773·8, and among men over that age 448·1 per 1,000. In the preceding year the ratio first in order was only about a third of that in the year under report, and the highest ratio was among men between 20 and 25 years, decreasing after that age. Mortality among men under 20 years of age was at the rate of 6·80 per 1,000, dependent on one death; among men between 20 and 25 years of age, 7·17 per 1,000, dependent on 5 deaths; among men between 25 and 30 years of age, 12·37, dependent on 7 deaths, and among men over that age 10·93, dependent on 2 deaths. In the previous year the highest mortality rate was among men over 30 years of age. With regard to length of service the admission ratio among men in their first year was 928·3 per 1,000, that among men in their second year 1027·4, that among men in their third year 1082·1, and that among men over three years' service 1219·1. The mortality rate among men in their first year of service was *nil*; among men in their second year 4·22 per 1,000, 2 deaths; among men in their third year 10·26 per 1,000, 6 deaths, and among men over three years' service 24·73 per 1,000, dependent on 7 deaths.

In Abstract VIII. will be found the chief statistics of sickness and mortality arranged according to the different groups and orders of diseases.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—The admissions recorded under the head of *eruptive fevers* were 14 in number, or 8·8 per 1,000, an increase of 4·9 on the corresponding rate in the previous year. There were 13 cases of chicken-pox at Jamaica, and 1 case of cow-pox at Barbados. *Enteric fever* caused 2 admissions, one at Barbados and one at Port Royal, Jamaica; there was no death. In 1893 there were 8 admissions and 4 deaths. *Simple continued fever* caused 156 admissions, equal to a ratio of 97·9 per 1,000, which is higher than the corresponding rate in the preceding year by 30·5, but below the octennial average rate by 10·9. Of the admissions 104 were in Jamaica, and 52 in the Barbados Command. The admissions for *dysentery* numbered 22, the ratio, 13·8 per 1,000, is above that for 1893 by 1·0, and fractionally above the average. All the cases except one occurred in Jamaica. *Other diseases* of this group were represented by 50 admissions for influenza in Jamaica; it is stated that the cases were not severe, but that convalescence was usually protracted; there were also 3 cases of mumps.

Malarial Fevers.—70 admissions are recorded with 1 death, the admission ratio, 44·0 per 1,000, being above the previous year's rate by 9·3, but below the average rate by 62·9. Of the cases, 43, or 39·0 per 1,000 occurred in Jamaica, 16 being returned as ague and 27 as remittent fever. In the Barbados Command 27 cases were admitted, 24 of ague at St. Lucia, and 2 of ague and 1 of remittent fever (fatal) at Barbados, the rate of prevalence being 54·6 per 1,000.

Venereal Diseases.—The admissions for *primary syphilis* were 148 in number, being in the ratio of 92·9 per 1,000, below the corresponding rate in the previous year, and the octennial average rate by 31·1 and 7·4 respectively. Of the cases 140, or 127·4 per 1,000, were returned in Jamaica, and 8, or 16·2 per 1,000, in the Barbados Command. Including the sickness from simple venereal ulcer, which caused 92 admissions, and the constant sickness of 7·36 men, the admission ratio for primary venereal sores was 150·7, and the constantly sick rate, 10·38 per 1,000, which are lower than the corresponding rates in the previous year by 16·9 and 5·59, and than similar average rates for

West Indies.

the preceding eight years by 52·2 and 7·37 respectively. Taking Jamaica alone the admission rate for primary venereal sores was 137·4, and the constantly sick rate 8·07 per 1,000, as compared with 174·3 and 17·71 in 1893. In the Barbados Command the rates were 180·2 and 15·51, as compared with 152·9 and 12·11 respectively in the previous year.

The admissions in the West Indies for *secondary syphilis* numbered 82, and 8·89 men were constantly sick, being in the ratios of 51·5 and 5·58 per 1,000, which are lower than the corresponding ratios in the preceding year by 2·4 and ·94, but higher than the average ratios for the previous eight years by 5·0 and 1·14 respectively. In the Jamaica Command only, the admission rate was 44·6 and the constantly sick rate 3·91 per 1,000, as compared with 46·6 and 6·74 respectively in the previous year. In the Barbados Command the ratio of admission equalled 66·8 and the constantly sick rate 9·29 per 1,000, as compared with 70·2 and 6·03 per 1,000 respectively in 1893. *Gonorrhœa* caused 240 admissions in all, and 15·61 men were constantly sick with this disease. The admission ratio was, therefore, 150·6 and the constantly sick rate 9·80 per 1,000. Compared with corresponding ratios in the previous year there is an increase of 10·6 in the admission rate and a decline of 2·15 in the constantly sick rate, while compared with average similar rates for the preceding eight years decrease is observed in both, being 15·9 and ·69 respectively. In the Jamaica Command alone the ratio of admission was 135·6 and the constantly sick rate 9·70 per 1,000, as compared with 131·4 and 12·81 in 1893. In the Barbados Command the admission ratio was 184·2 and the constantly sick rate 10·02 per 1,000, as compared with 159·1 and 10·02 respectively in the preceding year. Including all forms of venerea. disease, the total admission ratio in the West Indies was 352·8 per 1,000, which is lower than the corresponding rate in the previous year by 8·7, and than the average rate of eight years by 63·1. The total amount of constant inefficiency on account of these diseases was 25·76 per 1,000, less than the similar rate in the previous year by 8·68, and than the octennial average rate by 6·92. Taking the Jamaica Command alone, the total admission rate for all forms of venereal disease was 317·6, and the total amount of constant inefficiency on this account, 21·68 per 1,000, as compared with 352·3 and 37·26 respectively in the preceding year. In the Barbados Command the total admission rate was 431·2 and the total constantly sick rate 34·82 per 1,000, the corresponding rates in the previous year having been 382·2 and 28·16 per 1,000 respectively.

Under the head of *debility*, 8 admissions are returned, or 5·0 per 1,000, as compared with 4·5 in the preceding year.

Rheumatism was the cause of 78 admissions, equal to a ratio of 49·0 per 1,000, which is greater than in the previous year by 9·8, though less than the quinquennial average rate by 13·0. The admission rate in the Barbados Command was 97·2 and in Jamaica 27·3 per 1,000. Of the cases, 77 were returned as rheumatism and 1 as rheumatic fever; there was no death.

Tubercular Diseases.—21 admissions and 7 deaths are returned, being in the ratios of 12·9 and 4·39 per 1,000, which are in excess of the corresponding ratios in the previous year by 4·5 and ·54 respectively. All the cases were tubercular disease of the lung, and 14 of them, with 5 of the deaths, occurred at Jamaica, 3 at St. Lucia, and 4, of which 2 terminated fatally, at Barbados.

Sixteen cases are returned under *other diseases* of this group of general diseases; they comprised 10 cases of scrofula, 4 of non-malignant new-growth, and 1 case each of anæmia and malignant new-growth, the latter proving fatal.

LOCAL DISEASES.—*Diseases of the Nervous System* caused 14 admissions, or 8·8 per 1,000, an increase of 2·4 on the last year's rate, but below the average rate of eight years by 3·1. 11 of the cases occurred in the Barbados Command. The admissions comprised 6 of neuralgia, 2 each of paralysis and vertigo, one of epilepsy, and 3 of mental disease.

Diseases of the Eye.—19 admissions are recorded, the ratio being 11·9 per 1,000, which is lower than that in the previous year by 15·1. In Jamaica there were 13 cases and in Barbados 6; most of the admissions were for conjunctivitis.

t Indies.

Diseases of the Ear caused only 3 admissions, all at Jamaica.

Diseases of the Circulatory System. — 23 admissions and 3 deaths are recorded. The admission rate, 14·5 per 1,000, is higher than that in the previous year by 6·8, and than the octennial average rate by 1·5. Of the cases 11 were valve disease of the heart, ten of which, one fatal, occurred at Jamaica, and one also fatal at Barbados; the remaining admissions were for palpitation. One death occurred out of hospital from syncope.

Diseases of the Respiratory System caused 79 admissions and 2 deaths, the admission ratio, 49·6 per 1,000, is above the last year's rate by 6·6, but below the average rate by 2·7. 50 admissions occurred at Jamaica, 40 for bronchitis, 2 for pleurisy, 5 for pneumonia, and one each for laryngitis and pneumonic phthisis; at Barbados there were 20 cases of bronchitis, 7 of laryngitis, and one fatal case each of pleurisy and pneumonia.

Diseases of the Digestive System.—108 admissions are recorded, the ratio, 67·8 per 1,000, being above that in the preceding year by 14·5 but below the average rate by 2·2. 56 cases, or 51·0 per 1,000, occurred at Jamaica, and 52, or 105·3 per 1,000, in the Barbados Command. Among the former were 20 cases of affection of the mouth and throat, 19 of diarrhœa, and 13 of dyspepsia, and among the latter 12 of mouth and throat affections, 9 of diarrhœa, 8 of colic, and 14 of dyspepsia. No death occurred.

Diseases of the Lymphatic and Glandular System were the cause of 61 admissions, or 38·3 per 1,000, which is higher than in the previous year by 4·2, 38 of the cases occurred in Jamaica, the remainder in the Barbados Command. There were eight admissions for *urinary affections*, including 4 cases of hæmaturia. *Diseases of the generative system* caused 146 admissions, or 91·7 per 1,000, an increase of 24·3 on the previous year's rate; 92 of the admissions were for simple venereal ulcer and 31 for orchitis. 14 admissions are recorded for *diseases of the organs of locomotion*, or 8·8 per 1,000, as compared with 4·5 in 1893. There were 59 admissions, or 37·0 per 1,000, for *diseases of the connective tissue*, a slight increase; and there were 144 admissions for *skin disease*, the admission rate, 90·4 per 1,000, being higher than in the previous year by 17·8, and above the average rate by 8·1.

Injuries.—107 admissions are returned and 1 death. The admission ratio was, therefore, 67·2 per 1,000, which is above the corresponding rate in the previous year by 2·3, but below the average rate by 15·5. In Jamaica the ratio was 66·4, and in the Barbados Command 68·8 per 1,000. The cases were generally of an ordinary character, and the death was due to asphyxia from strangulation, a man committing suicide in the guard-room.

Invaliding.—The number of men discharged during the year as medically unfit for further service was 51, being in the ratio of 32·02 per 1,000, which is lower than the corresponding rate in the previous year by 3·94, and below the decennial average rate by 8·28. In the Barbados Command the number of men invalided was 23, or 46·56 per 1,000, as compared with 45·45 in the preceding year, and in Jamaica the number was 28, or 25·48 per 1,000, as compared with 31·69. The principal causes of invaliding were secondary syphilis 9 cases, tubercular disease of the lung 13, valve disease of the heart 8, and scrofula and mental disease 3 cases each.

Women and Children.—The average strength of women was 71, and there were 6 cases of illness, and the average strength of children was 56, with 14 cases of illness, none of which proved fatal.

Sanitary Conditions.—The Senior Medical Officer at Jamaica reports that the sanitary conditions affecting the non-European troops were generally satisfactory, the accommodation ample, food sufficient, of excellent quality, and varied as much as possible, the clothing suitable, and the duties not heavy. The Senior Medical Officer at Barbados states that the barrack and hospital accommodation was satisfactory throughout the year, and that the ventilation was good on the whole. Supplies were good and sufficient, but fresh vegetables were not always easily procured. At St. Lucia additional huts were being built for the accommodation of the St. Lucia Company Royal Artillery, and the section of the West India Fortress Company, Royal Engineers, at La Toc, and the erection of a second shower-bath each at Vigne and La Toc was under consideration. The reclamation and drainage of the Bananas Bay foreshore and swamp to windward of La Toc was recommended.

VII.—ON THE HEALTH OF THE TROOPS SERVING IN WESTERN AFRICA.

Sickness and Mortality.

I.—EUROPEAN TROOPS.

West Africa

The European troops consisted of the officers serving in the Command, the European non-commissioned officers of the 1st Battalion West India Regiment, and the non-commissioned officers and men of the Royal Artillery and the Royal Engineers, the latter only remaining on the coast during the season from November to June. The average strength of the non-commissioned officers and men was 41, and there were 122 admissions into hospital, equal to a ratio of 2975·6 per 1,000, an increase of 1056·7 as compared with the corresponding rate in the previous year. Ninety of the admissions were for remittent fever. There was one death from remittent fever, and one from intestinal hæmorrhage. Eleven men were invalided, 8 for remittent fever, and 3 for debility. The average strength of officers was 28, and there were 64 attacks of illness, equal to a ratio of 2285·7, an increase of 527·1 as compared with the corresponding rate in the previous year. There were four deaths from remittent fever. Nine officers were invalided during the year, being at the rate of 321·43 per 1,000, as compared with 103·45 for 1893. Forty-one of the attacks of illness were due to remittent fever.

II.—NON-EUROPEAN TROOPS.

The average strength of non-commissioned officers and men was 853; of these 767 were stationed at Sierra Leone, and 86 at Bathurst, Gambia. These troops consisted of the Sierra Leone Company, Royal Artillery, the 1st Battalion West India Regiment, and a detachment of the West India Fortress Company, Royal Engineers.

The more important of the statistics of sickness and mortality are given in the following table:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent to West Indies.	Finally Discharged		Admissions.	Deaths.	Invalids sent to West Indies.	Invalids finally Discharged.	Constantly Sick.
853	1,269	14	2	16	64	36	55·63	1487·7	18·76	75·03	42·20	65·22

Compared with corresponding results in the previous year the admission rate has declined by 160·3, and the constantly sick rate by 14·00, but the mortality rate has increased by 6·70; and in comparison with similar average ratios for the preceding ten years decline is observed in all these ratios, being 364·1 in the case of admission, 3·10 in that of mortality, and 19·13 in that of constant inefficiency through sickness. The average sick time to each soldier was 23·80 days, which is shorter than the corresponding period in the previous

Africa.

year by 5·12, and than the similar average period for the preceding ten years by 6·99 days. The average duration of each case of sickness was 16·00 days, being shorter than in 1893 by 1·55 days, and than the decennial average period by ·63 of a day.

The admissions, mortality, invaliding, &c. in the different groups and orders of diseases are given in Abstract IX.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—There were 6 cases of *dysentery*, with two deaths, under this heading.

Malarial Fevers.—There were 484 admissions and 4 deaths. The ratio of admission was 567·4, and of constantly sick 16·83 per 1,000, being lower in both cases than in the previous year by 190·3 and 7·16. Comparing these rates with the average rates for the preceding eight years there is also a decrease of 339·7 and 7·53 per 1,000 respectively. Of the total number of admissions 45 were for ague, and 439 for remittent fever. The deaths were due to the latter disease.

Venereal Diseases.—Under the head of *primary syphilis* 23 admissions are returned, or a rate of 27·0 per 1,000, showing a decrease when compared with the corresponding rate for 1893 of 5·9, and below the average rate for the preceding eight years by 26·6. Including the sickness from simple venereal ulcer (admissions 79, and constantly sick 5·10) the admission ratio for primary venereal sores was 119·6 per 1,000, which is higher than the corresponding rate in the previous year by 58·2, and than the average rate for the preceding eight years by 23·8. *Secondary syphilis* caused 35 admissions, equal to 41·0 per 1,000, a decrease of 39·1 from the last year's rate, and also below the octennial average rate. *Gonorrhœa* was the cause of 93 admissions, being in the ratio of 109·0 per 1,000, which is higher than in the previous year by 3·8, but below the average rate by 34·0. Including all forms of venereal disease the total admission ratio amounted to 269·6 per 1,000, which is above the ratio in the previous year by 22·9, but below the octennial average rate by 18·3. The total amount of constant inefficiency on account of these diseases was equal to 17·67 per 1,000, which is about the same as the corresponding rate in 1893, but lower than the average rate by 3·51.

Parasitic Diseases show 4 admissions, all cases of tænia solium, and under the head of *alcoholism* 1 admission is returned. There were 7 cases of *debility* as compared with 9 in 1893.

Rheumatism was the cause of 63 admissions, being in the ratio of 73·9 per 1,000, which is higher than the similar rate in the previous year by 1·5, but below the average rate of eight years by 16·1. One case of rheumatic fever occurred.

Tubercular Diseases.—The admission ratio was 7·0 and the death ratio 4·69 per 1,000, as compared with 19·7 and 4·39 respectively in the previous year. All the cases, 6, were instances of lung disease. Of the 4 deaths two occurred in invalids who had left the Command. Under the head of *other diseases* of this group is returned a case of purpura.

LOCAL DISEASES.—*Diseases of the Nervous System.*—The admission ratio was 17·5 per 1,000, a decrease of 7·7 from the corresponding rate in the previous year, but above the average rate of the preceding eight years by 3·0. Among 15 admissions there were 2 for mental disease. *Diseases of the eye* caused 14 admissions, or 16·4 per 1,000, an increase of 1·1 on the last year's rate, but much below the average. Nearly all the admissions were due to conjunctivitis. There were 3 admissions for *aural disease* and 2 for *nasal affections*. *Diseases of the circulatory system.*—14 admissions are returned, equal to 16·4 per 1,000, which is higher than in the previous year by 4·3, but slightly below the average rate; 11 of the cases were returned as palpitation, and there was one death from valve disease of the heart. *Diseases of the respiratory system* caused 57 admissions and one death. The admission ratio, 66·8 per 1,000, is higher than that in the previous year by 2·1, and than the octennial average rate by 4·4. Of the cases treated as many as 52 were bronchial affections. The death was due to pleurisy. *Diseases of the digestive system.*—80 admissions are returned, being in the ratio of 93·8 per 1,000, which is above the corresponding rate in the preceding year by 32·4, and above the average rate by 21·4. The principal causes of admission were, diarrhœa 36 cases, affections of the mouth and throat 18, and colic 10 cases. There were 3 deaths, due to enteritis, diarrhœa, and abscess of the liver, one case respectively. *Diseases of the lymphatic and glandular system* caused 16 admissions, or 18·8 per 1,000, which is lower than in the previous year by 9·7, and than the average rate by 33·6. There were 3 admissions for *diseases of the urinary system*, all cases of Bright's disease, one of which proved fatal. *Diseases of the generative system* caused 97 admissions, or 113·7 per 1,000, which is in excess of the last year's rate by 65·5, and also above the average rate. Of the cases 79 were due to simple venereal ulcer. *Diseases of the organs of locomotion* gave 10 admissions, or 11·7 per 1,000, a decrease of 2·5 from the rate in 1893. *Diseases of the connective tissue* caused an admission ratio of 37·5 per 1,000, which is higher than in the previous year by 5·7. The admission ratio for *diseases of the skin* was 167·7 per 1,000, a decrease of 15·4 from the last year's rate, but above the octennial average rate by 12·9. The chief causes of inefficiency were ulcers, ringworm, boils, and scabies.

Injuries.—59 are recorded, being in the rate of 69·2 per 1,000, higher than in the previous year by 7·8, but below the average rate. The majority of the admissions were for wounds and contusions.

Invaliding.—The number of men sent to the West Indies for change or discharge was 64, equal to a ratio of 75·03 per 1,000, which is a good deal higher than the average ratio for ten years; there was no invaliding in the previous year. The principal causes of invaliding were, secondary syphilis 12 cases, tubercular disease of the lungs 11, debility 9, cardiac disease 7, rheumatism 4, and deafness 3 cases. The number of men finally discharged the service by invaliding was 36, equal to a ratio of 42·20 per 1,000, which is considerably above the average rate. The chief disabilities necessitating final discharge were tubercular disease 8 cases, secondary syphilis 7, and diseases of the circulatory system 5 cases.

Women and Children.—The average strength of women was 41, and there were 46 admissions, equal to a rate of 1121·9 per 1,000, which is much above the corresponding rate in the previous year. Among the cases treated there were 20 of remittent fever, one fatal, 6 of debility, and four of rheumatism. The average strength of children was 41, and there were 25 admissions to hospital, 14 being for remittent fever, and 2 for bronchitis. The admission ratio, 609·8 per 1,000, is above that in the preceding year.

Sanitary Conditions.—The Senior Medical Officer reports that the ventilation of the barracks and hospitals was satisfactory, and means of cooking and ablution ample and well looked after. A new concrete surface drain was laid down from officers' gate to main guard-room, Tower Hill. Two surface drains at Mount Auriol were extended down the side of the hill thirty yards. The drainage, which is all surface, is carefully constructed, and kept thoroughly clean. The Senior Medical Officer considers that too much meat is issued, more vegetables and less meat would be advisable.

VIII.—ON THE HEALTH OF THE TROOPS SERVING IN SOUTH AFRICA AND AT ST. HELENA.

Sickness and Mortality.

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The average strength of the warrant officers, non-commissioned officers, and men serving in the Command was 3,172, and of these 189 were stationed at St. Helena.

The troops in the Command during the year comprised the 3rd Dragoon Guards, No. 10 Mountain Battery, Royal Artillery, 24th Company, Western Division, Royal Artillery, who left for Mauritius in August, 25th Company, Western Division, Royal Artillery, who arrived from Mauritius in September, 29th Company, Royal Engineers, 2nd Battalion West Riding Regiment, 2nd Battalion York and Lancaster Regiment, four companies 1st Battalion Royal Highlanders, detachments District Establishment, Royal Artillery, Army Service Corps, Medical Staff Corps, Ordnance Store Corps, and Garrison Staff throughout the year.

At St. Helena the garrison consisted of one company of the 2nd Battalion, West Riding Regiment, which was relieved in October by one company of the 2nd Battalion, York and Lancaster Regiment, and a detachment of artillery.

In the following table the more important statistics of sickness and mortality in the whole Command are given, and those for South Africa and St. Helena are shown separately:—

1894.	Average Strength.	Admissions.	Deaths			Invalids	
			In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.
South Africa - - -	2,983	2,638	17	3	20	49	34
St. Helena - - -	189	116	--	—	—	1	1
Total - - -	3,172	2,754	17	3	20	50	35

(*continued.*)

1894.	Average constantly Sick.	Ratio per 1,000 of Strength.				
		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
South Africa - - -	167·92	884·3	6·70	16·43	11·40	56·29
St. Helena - - -	6·83	613·8	—	5·29	5·29	36·14
Total - - -	174·75	868·2	6·31	15·76	11·03	55·09

Compared with corresponding ratios in the previous year a decrease is observed in the admission ratio of 43·4, but there is an increase in the mortality and constantly sick rates of 1·02 and ·26 respectively. Compared with similar

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average ratios for the preceding 10 years there is an increase of 28·4 in the admission rate, and one of 1·82 in the constantly sick rate, but in the mortality rate there is a decline of ·76. The average sick time to each soldier was 20·11 days, as against 20·01 in the previous year, and 19·44 the average period for the preceding ten years. The average duration of each case of sickness was 23·16 days, as compared with 21·95 in the previous year, and 23·15 the average for the preceding 10 years.

Of the ratios for South Africa alone a decrease of admission rate of 39·8, and an increase in the death and constantly sick rates of 1·73 and ·66 respectively. At St. Helena the corresponding ratios are all lower than those for 1893.

The principal statistics of sickness and mortality of the different corps will be found in Abstract XL. Excluding corps whose average annual strength was under 100, the highest admission rate was 1086·0, in the 1st Battalion, Royal Highlanders, Cape Town; the highest mortality rate occurred in the 10th Mountain Battery, Royal Artillery, at Pietermaritzburg, being 11·90 per 1,000; the highest ratio per 1,000 constantly sick, 82·72, was in the 24th Company, Western Division, Royal Artillery. The next highest admission rate was in the 24th Company, Western Division, Royal Artillery, being 964·9 per 1,000; the lowest admission rate was 640·8 per 1,000, in the Royal Engineers, followed by 645·7 in the 3rd Dragoon Guards, and 864·8 in the 2nd Battalion, West Riding Regiment (with head-quarters and six companies at Wynberg for eight months, two companies permanently at out-stations for eight and nine months respectively, and for remainder of year head-quarters at Pietermaritzburg, with one company at Eshowe. There were no deaths in the Royal Engineers, or Garrison Staff and Departments. The next highest ratio of constant inefficiency through sickness was in the 1st Battalion, Royal Highlanders, 76·54 per 1,000, the lowest ratio being 36·02 in the Royal Engineers.

Taking the sickness and mortality among the troops according to age, it is calculated that in men under 20 years of age the admission ratio was 664·9 per 1,000, in those between 20 and 25 years of age 1084·3, in those between 25 and 30 years of age 763·0, from 30 to 35 years of age 365·5, and in those from 35 upwards 290·9. As contrasted with the corresponding rates for the previous year there was a decrease in the first, second, third, and fourth periods, but a slight increase in that from 35 years upwards. There was no mortality amongst men under 20 or above 30 years of age, whereas the ratio of those from 20 to 25 was 6·43, and for those from 25 to 30 years 6·50 per 1,000. In the previous year the highest mortality rate was amongst men from 30 to 35 years of age. As regards service in the Command the admission ratio for men in their first year was 1002·9 per 1,000, for those in their second year 859·9, among men in their third year 674·0, in their fourth year 1068·1, and in their fifth year and upwards 320·6. In the previous year the highest admission rate was among men in their first year of service. The rate of mortality amongst men in their first year was 6·72 per 1,000, in their second year 5·73, in their third year 3·68, and in their fourth year 4·25, there were no deaths among men over four years' service in the Command. In the preceding year the highest mortality rate was among men in their second year of service.

In Abstract X. will be found the principal statistics of sickness and mortality arranged according to the different groups and order of disease.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—*Eruptive fevers* are represented by 1 case of chicken-pox, 1 of epidemic rose rash, and 1 of scarlet fever.

Enteric Fever caused 44 admissions and 8 deaths, being in the ratios of 13·9 and 2·52 per 1,000 respectively, the admission rate is higher than that of the previous year by 5·5, and than the average rate for the preceding eight years by 5·7. The mortality rate is higher in these comparisons by 1·59 and ·86 respectively. The per-centage of mortality to attack was 18·18, as compared with 11·11 for the previous year, and 20·18 the average of eight years. Of the 44 admissions during the year 30 occurred at Pietermaritzburg, 8 at Cape Town, 3 at Wynberg, 2 at Simonstown, and one at Eshowe. Sixty-eight per cent. of the cases, therefore, occurred at Pietermaritzburg. The Principal Medical Officer remarks, "It is not easy to assign exciting causes

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" for the occurrence of enteric fever in South Africa. The water is good, and " the milk almost always preserved. In Cape Town cases are very probably " contracted outside barracks, in the foul slums resorted to by some of the " younger men." At Wynberg the dry earth system was not efficiently carried out. At Pietermaritzburg the general sanitation of the lines was not efficiently attended to, and the dry earth system only existed in name. At Eshowe the water supply was distinctly liable to contamination. Steps were taken to remedy these matters, and whether as a *propter hoc* or not, it would be hard to say, but there was a marked diminution in the number of cases of enteric fever during the months it usually is most prevalent, viz., November, December, January, and February; whether this improvement will be permanent time only can tell.

Other Continued Fevers caused 122 admissions, or a ratio of 38·5, being lower than the previous year's rate by 2·3, but higher than the octennial average rate by ·8. The cases were generally mild.

Dysentery caused 6 admissions. The ratio, 1·9, being lower than that for the previous year by 4·0, and than the octennial average rate by 4·4. In Natal and Zululand there were 5 cases admitted, and one at Wynberg.

Influenza caused 43 admissions, or a ratio of 13·6, which is higher than the corresponding rate in the previous year by ·8. Forty admissions occurred at Pietermaritzburg and three at Wynberg.

The remaining admissions in this sub-group of diseases were one of mumps, and one of epidemic diarrhœa.

Malarial Fevers.—56 cases are recorded, being in the ratio of 17·7 per 1,000, a decrease of 48·5 as compared with the previous year's rate, and below the octennial average rate by 6·7. The cases were chiefly ague, and occurred principally among the men of the 25th Company, Western Division, Royal Artillery, and 1st Battalion, Royal Highlanders, who recently arrived from Mauritius. There were 4 cases, one fatal, of remittent fever and one of malarial cachexia.

Septic Diseases caused 7 admissions for erysipelas, the ratio being 2·2, below the corresponding rate in the previous year by ·3, but above the octennial average ratio by ·2.

Venereal Diseases.—The admissions for *primary syphilis* were 275 in number, equal to a ratio of 86·7, which is higher than the corresponding rate in the previous year by 29·2. Of the cases 234 occurred in Cape Colony, 38 at Pietermaritzburg, 1 at Eshowe, and 2 at St. Helena. Including the sickness from simple venereal ulcer (30 admissions and 2·97 constantly sick), the admission ratio for primary venereal sores was 96·2, which is higher than that in the preceding year by 7·6, but lower than the octennial average rate by 20·8. The admissions for *secondary syphilis* were 132 in number, of these 58 occurred at Cape Town, 48 at Pietermaritzburg, 19 at Wynberg, 3 at Eshowe, 2 at Simonstown, and 2 at St. Helena; the admission rate, 41·6 per 1,000, is lower than that of the previous year by 8·5, and than the octennial average ratio by 16·8. *Gonorrhœa* caused 433 admissions, chiefly in Cape Colony, where 310 cases were admitted, 89 at Pietermaritzburg, 33 at St. Helena, and 1 at Eshowe. The ratio for admission was 136·5 per 1,000, an increase as compared with the previous year's rate of 19·5, and above the octennial average rate by 40·4. Including all forms of venereal disease, the total admission rate reached 274·3, being higher than the corresponding rate for the previous year 18·6, and also above the octennial average rate by 2·8. The total amount of constant inefficiency from these diseases was 23·16 per 1,000, which is higher than the previous year's rate by 1·26 and than the octennial average rate by 2·12.

Parasitic Diseases caused 9 admissions, as compared with 3 in the previous year.

Alcoholism gave 7 admissions, as against 6 in the preceding year.

Debility, &c. caused 31 admissions, giving a ratio of 9·8 per 1,000, which is higher by 3·9 than that in the previous year.

Rheumatism caused 81 admissions, of which 36 were at Pietermaritzburg, 7 at St. Helena, 5 at Eshowe, 14 at Wynberg, 3 at Simonstown, and 16 at Cape Town. Included in these figures are four admissions for rheumatic fever. The admission rate is lower by 8·4 than the corresponding rate in the previous year.

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Tubercular Diseases caused 8 admissions and 3 deaths (including 2 invalids who had left the Command), all for lung affection, and under the head of *other diseases* of this group are 24 admissions, mostly cases of non-malignant new growth.

LOCAL DISEASES.—*Diseases of the Nervous System* caused 30 admissions, the ratio 9·4 per 1,000, being higher by 3·2 than that in the previous year. The cases comprised 14 of neuralgia, 8 of epilepsy, 2 each of paralysis, dementia, and vertigo, and one of megrim and melancholia respectively. There was one death from apoplexy.

Diseases of the Eye caused 24 admissions, or a ratio of 7·6 per 1,000, exactly half the corresponding rate for the previous year, 11 of the admissions were for conjunctivitis, 6 for blepharitis, 4 for iritis, 2 for hæmatoma, and one for myopia.

Diseases of other Organs of Special Senses caused 35 admissions, 17 being for inflammation external meatus, 11 for perforation, 2 for inflammation membrana tympani, and 2 for deafness; the remaining 3 admissions were for nasal affections.

Diseases of the Circulatory System.—There were only 18 admissions, or a ratio of 5·7 per 1,000, a decrease as compared with the previous year's rate of 3·3; among the cases, 7 were for palpitation, 5 for varicose veins, 4 for phlegmasia dolens, and one each for valve disease of the heart and phlebitis. One death occurred from syncope.

Diseases of the Respiratory System.—There were 113 admissions and one death. The admission ratio, 35·6, shows an increase of 3·9 on the previous year's rate, and one of 9·9 on the octennial average rate. Bronchial affections caused 95 admissions, pneumonia 13, pleurisy 2, hæmoptysis 2, and laryngitis 1. The fatal case was returned as pneumonia.

Diseases of the Digestive System caused 339 admissions and two deaths, including that of an invalid from abroad, the ratio of admission per 1,000 being 106·9, a decrease of 10·7 as compared with the previous year's rate, but an increase of 13·7 on the octennial average rate. The principal causes of admission were affections of the mouth and throat, there were also 52 admissions for diarrhœa, and 45 for dyspepsia. The deaths were due to enteritis and abscess of the liver one case respectively.

Diseases of the Lymphatic System caused 65 admissions, a rate of 20·5 per 1,000, being an increase of ·3 on the previous year's rate.

Diseases of the Urinary System caused 7 admissions, equal to 2·2 per 1,000, a decrease as compared with the previous year's ratio of 2·2 per 1,000. There was one death from nephritis.

Diseases of the Generative System caused 82 admissions, including 30 for simple venereal ulcer, giving a ratio of 25·9 per 1,000, a decrease as compared with the previous year's rate of 23·9 and below the octennial average by 23·0. Among the remaining admissions were 22 cases of orchitis, and 21 of balanitis.

Diseases of the Organs of Locomotion, with 38 admissions, gave a ratio of 12·0 per 1,000.

Diseases of the Connective Tissue caused 91 admissions, being at the rate of 28·7 per 1,000, higher than the previous year's rate by 1·6.

Diseases of the Skin originated 192 admissions, or a ratio of 60·5 per 1,000, higher than the corresponding rate in the previous year by 1·6. The chief causes of admission were eczema, ulcer, boil, and itch.

Poisons gave one admission, a case of poisoned wound, by dog bite.

General Injuries are represented by one death out of hospital, a case of accidental drowning.

Local Injuries caused 425 admissions, being in the ratio of 134·0 per 1,000, higher than that in the previous year by 5·5. The chief causes of admission were wounds 137 cases, contusions 114, sprains 92, abrasions 30, blisters of feet 15, and fractures 14. There was one death from gunshot wound, self-inflicted.

Invaliding.—The number of men invalided home during the year was 50, giving a ratio of 15·76 per 1,000. This is lower than the corresponding rate in the previous year by 8·82, and than the decennial average rate by 12·04. In the Cavalry the rate was 8·97, the Artillery 23·61, the Engineers 9·71, and the Infantry 17·18, all lower than the corresponding rates for the foregoing year. According

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to age 30 men, or a ratio of 19·30 per 1,000, were under 25 years of age, 18, or a ratio of 16·73, were between 25 and 30 years of age, and 2, or a ratio of 8·40, were between 30 and 35 years of age. As to service in the Command. 9 men, or a ratio of 8·64, had less than 1 year's service, 28, or a ratio of 22·93, were in their second year, 6, or a ratio of 11·05, were in their third year, 6, or a ratio of 25·53, were in their fourth year, and one, or 7·63, had over that service. The principal causes of invaliding were secondary syphilis, debility, diseases of the ear, and of the nervous and circulatory systems. The number of men finally discharged by invaliding was 35, equal to a ratio of 11·03 per 1,000, a decline of ·79 from the previous year's rate, and below the decennial average rate by 5·30. The principal disabilities necessitating discharge were aural affections and diseases of the nervous and circulatory systems 6 cases, or 1·89 per 1,000 each.

Officers.—The average strength was 140, and there were 81 admissions, or a ratio of 578·6 per 1,000. No death occurred, and three officers were invalided. The admission rate was higher by 177·1 than in the previous year. The principal causes of admission were influenza, febricula, diarrhœa, synovitis, and local injuries. The causes of invaliding were enteric fever, rheumatism, and periostitis one case each.

Women.—The average strength was 202 with 121 admissions and one death. The ratio of admissions was 599·0, against 469·1 in the previous year. The principal causes of sickness were influenza, debility, rheumatism, bronchitis, sore throat, and diseases of the generative system. The death was due to peritonitis.

Children.—The average strength was 397, and the number of admissions 234, with 9 deaths. The ratio of sickness was 589·4 as against 522·4 in the previous year, the mortality rate being 22·67 as compared with 24·88. The principal causes of sickness were whooping cough 32 cases, bronchitis 57, diarrhœa 28, influenza 14, and febricula 7. The deaths were three from diarrhœa, and one each from whooping cough, diphtheria, dysentery, tubercle of lung, infantile convulsions, and bronchitis.

Sanitary Conditions.—The Principal Medical Officer, Surgeon-Colonel J. B. Hamilton, M.D., reports that the general health of the troops was good, and the sanitary condition of barracks and camps fairly satisfactory.

The drainage of Cape Town is recognised to be utterly insufficient, and a new and elaborate scheme is about to be carried out. It is stated that many of the married families live in hired quarters in town. This is objectionable, as the sanitary surroundings of their houses are, as a rule, by no means desirable. The building of proper married quarters close to the barracks is an urgent necessity, and will probably be shortly effected. With regard to the barracks in Cape Colony it is remarked that the main barracks are very old, but solidly built, and not on the whole unhealthy. The chief defect noticed in these barracks was the manner in which the dry earth system was worked, damp sand being provided in lieu of finely powdered dry earth. This has now been remedied and their general sanitary condition may be said to be good. The Castle Barracks are in a fair sanitary condition, outside two sluits, or drains, run down from the town past its walls, and though they are only supposed to carry storm water, they are at times most objectionable. The military prison has been removed to Wynberg Camp, and the prisoners occupy a newly constructed gaol built on an improved plan. At Wynberg Camp a new system of getting rid of ablution water by means of absorption pits was introduced, and works well. At Simonstown the barracks are old and difficult to keep in a thorough state of repair. The barracks at Pietermaritzburg are being reconstructed, and it is hoped, they will be found to be more comfortable.

The water supply at the different stations was generally of good quality, but at Eshowe it was liable to pollution.

It is reported that the rations for the troops were generally good and that no changes took place as regards the cooking.

The clothing of the troops might be modified and improved, it is too warm for summer wear, especially in Natal, and serge coats of light texture, for use in the warm weather, would be more suitable.

IX.—ON THE HEALTH OF THE TROOPS SERVING IN THE ISLAND OF MAURITIUS.

Sickness and Mortality.

Mauritius.

The average strength of warrant officers, non-commissioned officers and men was 583, and the force was composed as follows:—The 25th Company, Western Division, Royal Artillery, until August, when it was relieved by the 24th Company, Western Division, Royal Artillery, detachment Royal Engineers, headquarters and 4 companies of 1st Battalion Royal Highlanders (the 4 companies were interchanged between this station and South Africa in August), detachments of Army Service Corps, Medical Staff Corps, and Garrison Staff.

In the subjoined table will be found the most important of the statistics of sickness and mortality among the troops:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
583	759	6	—	6	12	8	41·92	1301·9	10·29	20·58	13·72	71·90

Compared with the corresponding ratios for the previous year there is a decrease of 514·8 per 1,000 in the ratio for admissions, one of 7·85 in the death rate, and one of 3·04 in the constantly sick rate; whilst against average rates for the previous decennial period there is a decrease of 237·6, 7·26, and 1·10 respectively. The average sick time to each soldier was 26·24 days, and the average duration of each case of sickness 20·16 days, being a decrease of 1·11 days and an increase of 5·10 days respectively as compared with previous year, and a decrease of ·41 of a day and an increase of 2·85 days in comparison with corresponding periods for the previous ten years.

The statistics of sickness, mortality, and invaliding in individual corps will be found in Abstract XL. In the artillery the admission and constantly sick rates were 1484·8 and 75·76 per 1,000 respectively, showing decrease in both instances by as much as 1151·5 in the former, and 23·90 in the latter; the death rate, 30·30, shows a decrease of 37·88. The infantry gives ratios of admission, mortality, and constantly sick of 1315·2, 6·80, and 73·95, showing decrease in the first instance of 361·5, but in the two latter increase has occurred of 2·10 in the case of deaths, 2·07 in the constantly sick rate. In the engineers and staff and departments the ratios of admission and constantly sick were low, and there were no deaths.

With regard to the age of the troops, the admission rate of men under 20 years is found to be 1157·9 per 1,000, of men between 20 and 25 years 1502·9, of those between 25 and 30 years 1109·1, and in men of 30 years of age and upwards it was 672·7. Comparing these results with those of the previous year, it is observed that increase has occurred in the ratio of men under 20 years of age, but in the remaining periods there is decrease.

As to deaths, 2 occurred in men between 20 and 25 years of age, the ratio per 1,000 being 5·81, and 4 in men between 25 and 30 years, equal to a ratio of 24·24 per 1,000.

auritius. As to length of service in the Command, the admission ratio of men under 1 year's service was 1260·0 per 1,000, of men in their second year 1294·9, of men in their third year 1297·9, while men above three years' service show a very high rate, but as the annual strength was only 2, such ratio is of no statistical value. Of the deaths 3 each occurred amongst men in their second and those in their third year of service, showing a ratio in the former of 12·82, and in the latter one of 62·83 per 1,000. In the preceding year the deaths occurred in the same periods of service in the Command.

The principal statistics of sickness, mortality, and invaliding, arranged according to the different groups and orders of diseases, are given in Abstract XI.

General Diseases.—*Diseases dependent on Morbid Poisons.*—No case of *eruptive fever* occurred, and there was only one admission for *enteric fever*; the ratio, 1·7 per 1,000, is below the previous year's rate by 3·8, and that of the average by 12·5 per 1,000. The remaining cases shown in this sub-group were 6 of *dysentery*, equal to a ratio of 10·3 per 1,000, which is higher by 3·0 than the previous year's ratio, but below the eight years' average rate by 14·0 per 1,000.

Malarial Fevers gave rise to 347 admissions and 3 deaths, the equivalent ratios being 595·2 and 5·14 per 1,000, below the previous year's ratios by 506·4 and 3·93, and in comparison with the average rates also below in the case of admission by 7·6, but higher in that of mortality by 2·10 per 1,000. The ratio of constantly sick is less than that of the previous year by 11·71, but greater by 2·08 than the eight years' average rate.

Of the total admissions under this head, 210 were from remittent fever, 136 from ague, and 1 case of malarial cachexia occurred.

Venereal Diseases.—There were 32 admissions for *primary syphilis*, the equivalent ratio being 54·9 per 1,000, above the ratio of the preceding year by 24·0, and 13·1 higher than the average rate. Including 13 cases of simple venereal ulcer, for which 1·30 men were constantly sick, the admission ratio for primary venereal sores was 77·2 per 1,000, as compared with 70·8 and 90·4, the ratios of previous year and average of preceding eight years.

Secondary Syphilis caused 26 admissions, giving a ratio per 1,000 of 44·6, higher than the rate in the previous year by 31·9, and than the average rate by 17·3 per 1,000.

Gonorrhœa was the cause of 51 admissions, equal to a ratio of 87·5 per 1,000, which is higher than the previous year's rate by 11·3, but lower than the average rate of the preceding eight years by 19·1 per 1,000. Including all forms of venereal disease, the admission rate was 209·3, which is 49·6 above the previous year's rate, but below the average rate by 15·0 per 1,000. The ratio of constantly sick, 15·57 per 1,000, is above the previous year's rate by 5·93, but is almost the same as the average rate.

Alcoholism.—There was 1 admission under this head, compared with *nil* in the previous year.

Debility caused 5 admissions compared with 3 in the previous year.

Rheumatism gave rise to 14 admissions, with a ratio per 1,000 of 24·0, which is above last year's ratio and the average of the preceding eight years by 5·8 and 2·7 respectively. Only 1 admission (which, however, was fatal) is recorded for *tubercular disease* of the lung, showing a decrease in comparison with previous year's and average admission rates. Under *other diseases* of this group are shown 8 admissions, the ratio being 13·7 per 1,000, a considerable increase on last year's and average rates.

Local Diseases.—*Diseases of the Nervous System* contributed 5 admissions, giving a ratio of 8·5 per 1,000, which is fractionally below the rate for the previous year, and 4·7 below the average rate. Two of the admissions were on account of *mental disease*.

Diseases of the Eye caused 8 admissions, the same number as in 1893, the ratio, 13·7, is fractionally below the ratio for that year, but is above the average for the preceding eight years by 1·3. *Diseases of other organs of special senses* gave rise to 18 admissions, the ratio per 1,000 being 30·9, which is in excess of the ratios of previous year and of the average of the preceding eight years by 5·5 and 19·3 respectively. 8 of the admissions were for inflammation of external meatus, 8 for perforation membrana tympani, and 2 were for deafness. *Mauritius.*

Diseases of the Circulatory System with 4 admissions gave a ratio of 6·9 per 1,000, which is above the previous year's rate by 5·1, but below the average by 10·6.

Respiratory Diseases caused 11 admissions, the ratio, 18·9, is less by 8·3 and 3·1 than rates for previous year and average of preceding eight years. All of the cases were for bronchial affections.

Diseases of the Digestive System.—64 admissions are returned, the equivalent ratio being 109·8 per 1,000, which is below the rate for 1893 and the average rate by 6·4 and 7·7 respectively. The admissions were mainly due to diarrhœa, affections of the mouth and throat, colic, and hepatic disease.

Diseases of the Lymphatic and Glandular System caused 26 admissions, giving a ratio of 44·6 per 1,000, which shows an increase on that of 1893 of 2·8, but is 6·3 less than the average rate. *Urinary diseases* gave 6 admissions, the ratio, 10·3 per 1,000, is above both the previous years' rate, and the eight years' average rate by 4·9 and 5·5 respectively. *Diseases of the generative system* were the cause of 23 admissions, giving a ratio of 39·4 per 1,000, below the preceding year's and average rates by 18·7 and 25·4. *Diseases of the organs of locomotion* caused 5 admissions, and *diseases of the connective tissue* 6, as compared with 9 and 11 in the previous year; and 24 admissions were due to *diseases of the skin*, the ratio per 1,000 being 41·2, below by 15·1 and 14·5 the previous year's and average rates.

Injuries.—Under this head 65 admissions and 1 death are returned, the respective ratios being 111·5 and 1·72; the admission rate shows a decrease of 28·2 in comparison with the previous year, but an increase of 5·9 is observed on the average rate. The admissions were principally sprains, wounds, contusions, and abrasions; but there were also 2 admissions for fracture of skull, both of which recovered. The death was due to asphyxia from submersion.

Invaliding.—The number of men invalided to England during the year was 12, the ratio per 1,000 being 20·58, which is below the previous year's rate by as much as 128·24, and also less than the average rate for the preceding ten years by 36·79. Of the men invalided, 2, or a ratio of 20·20, were from the Artillery, 1, with a rate of 40·00, was from the Engineers, and 9, with a rate of 20·41, were from the Infantry. With regard to age, 9, or 26·16 per 1,000, were between 20 and 25 years, 2, or 12·12, were between 25 and 30 years, and 1, or 18·18 per 1,000, was above 30 years of age. As to service in the Command, 9 men, or 38·46 per 1,000, were in their second year; 1 had under 1 year's service in the Command, 1 had over two years, and 1 had over three years' service. The causes of invaliding were malarial fevers in 7 instances, and constitutional syphilis, mental disease, eye affection, aural disease, and nephritis, one case each. There were 8 men discharged the service, 2 being for malarial fevers, 2 for aural disease, and 1 each for constitutional syphilis, mental disorder, heart affection, and urinary disease.

Officers.—The strength was 34, and there were 15 cases of illness, giving a ratio of prevalence of 441·2 per 1,000, which is a decrease on the preceding year's rate of 215·9. Of the cases of sickness 7 were remittent fever. Two officers were invalided, one had suffered from enteric and the other from remittent fever.

Women.—The average strength was 37, and the cases of sickness were 8, the ratio, 216·2, is 2·5 below that of the preceding year. Debility was the chief cause of sickness.

Children.—The average strength was 58, and there were 16 cases of sickness and 3 deaths. The admission ratio was 275·8 per 1,000, or 13·9 higher than the previous year's rate. The death-rate for the year under report was 51·72, but in 1893 no death occurred. Febrile diseases and diarrhœa caused the majority of the admissions, two of the deaths being due to the latter disease, and one was from remittent fever.

Sanitary Conditions.—The Senior Medical Officer, Brigade-Surgeon-Lieutenant-Colonel J. Fraser, M.D., reports that the general sanitary condition of uritius. Port Louis still remains in a most unsatisfactory state, and very certainly continues to act prejudicially on the health of the troops throughout the island as, owing to periodical changes of details in Port Louis, the whole of the men are at one time or another quartered there and infected by its malarious conditions; however, a new drainage system for that town is under consideration, and, if carried out, should have a beneficial effect on the health of the troops and inhabitants generally.

The surroundings of the cantonments at Curepipe show progressive improvement; but there are still important points bearing on the consideration of the health of the troops which require to be attended to.

The following services were carried out during the year:—Port Louis Line Barracks. The water service pipes generally cleaned. Pasteur filters were being sent out from England for use in this and other barracks in Fort Louis. Fort George: the ditches were cleaned as far as funds would allow; new water service pipes to north, east, and south-east ranges laid. At Curepipe: drain from bath in bath-house, Old camp, provided; increased latrine accommodation for married quarters; new latrine constructed for use of sick on leeward of new hospital. New latrine for use of natives; growth of vegetation kept in check; fire-grates removed from new hospital ward and replaced by open hearth fire-places.

The following recommendations were made during the year:—Fort Louis Line Barracks: (1) that the latrines for Asiatics be re-modelled, as has been done at the hospital; (2) to concrete floors of urinals, and to close up those not actually in use. Fort George: fill in moats and level useless earth works. Citadel, Fort Adelaide: (1) improve ventilation of officers' quarters; (2) provide a latrine for officers and one for women. Curepipe Camp, barracks (1) to have a bath constructed in connection with each barrack block for single men, and a wash-house, drying room, and bath accommodation in married quarters; (2) to have a covered building constructed which could be used as a gymnasium, theatre, or lecture room; (3) provide drying rooms for men's clothing, &c. Station Hospital: (1) improve lighting of old hospital by insertion of glass in roof and painting of ceilings of wards white; (2) construct a disinfecting chamber; (3) construct an infectious disease ward; (4) convert old M.S.C. barrack-room into officers' ward.

X.—ON THE HEALTH OF THE TROOPS SERVING IN THE ISLAND OF CEYLON.

Sickness and Mortality.

1.—EUROPEAN TROOPS.

Ceylon. The average strength of warrant officers, non-commissioned officers, and men was 1,411. The force comprised the 16th Company, Southern Division, Royal Artillery, the headquarters and half of the 41st (Fortress) Company, Royal Engineers, 2nd Battalion, Royal Warwickshire Regiment, detachments of Army Service Corps, Medical Staff Corps, Ordnance Store Corps, Army Pay Corps, and Garrison Staff. Drafts arrived from England during the months of January and November. The distribution of the force was as follows:— The headquarters and four companies of the infantry battalion and a half company, Royal Artillery, at Colombo, one company of infantry at Kandy, two companies of infantry, half company of artillery, and half company of Royal Engineers at Trincomali. One company of infantry at Mount Lavinia undergoing musketry instruction.

In the subjoined table will be found the more important of the health statistics of the troops in the Command:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids Sent Home.	Invalids finally Discharged.	Constantly Sick.
1, 11	1,322	14	1	15	32	14	76·37	936·9	10·63	22·68	9 92	54·12

Compared with the corresponding ratios for the previous year, there is an increase of 129·1 per 1,000 in the ratio for admissions, one of 3·67 in the death rate, and one of 5·83 in the constantly sick rate, but compared with average similar rates for the previous decennium, there is a decrease in the above rates of 105·1, 1·11, and 4·57 respectively. The average sick time to each soldier was 19·76 days, being more than the corresponding period in the previous year by 2·14 days, but less than the similar average period for the previous decennium by 1·66 days. The average duration of each case of sickness was 21·09 days, being less than in the previous year by ·73 of a day, but more than the previous decennial average period by ·53 of a day.

In Abstract XL. will be found the chief statistics of particular corps.

The admission rate for the artillery was 831·3, for the engineers 367·1, for the infantry 1029·3, and for garrison staff and department 317·1. The death rate in the artillery was 32·13, in the engineers *nil*, in the infantry 6·72, and in the garrison staff and departments *nil*. The constantly sick rates for these four arms of the service were 46·39, 17·72, 60·54, and 8·29 per 1,000 respectively.

The admission ratio among men under 20 years of age was 862·1 per 1,000, that among men between 20 and 25 years, 1228·2; in the next quinquennium 578·4, and that among men over 30 years of age 622·8. The death rate among men under 20 years of age was *nil*, among men between 20 and 25 years it was 2·64, among men between 25 and 30 years it was 15·69, and among men

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over that age 35·09 per 1,000. As compared with the corresponding rates in the previous year, the admission rates among men from 20 to 25 and 25 to 30 years of age show an increase; mortality has also increased among men from 25 to 30 and over 30 years of age. With regard to service in the Command, the admission ratio for men in their first year of service was 1104·9, in their second year 821·7, in their third year 1029·0, and over that period 608·3. The mortality rate in the first and second years of service was *nil*, among men in their third year 15·47, and among men over 3 years' service in the Command 50·00 per 1,000; mortality therefore increased amongst men in their third year and in those over 3 years' service in the Command.

In Abstract XII. will be found the principal statistics of sickness and mortality arranged according to groups and orders of diseases.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—*Eruptive fevers* caused no admissions during the year. *Enteric fever* caused 8 admissions and 3 deaths, being in the ratios of 5·7 and 2·13 per 1,000 respectively, higher than the corresponding ratios in the previous year, but below the octennial average rates. Of the cases, 5 (two fatal) occurred at Colombo, and 3 (one fatal) at Trincomali. At Colombo the disease was in every case believed to have been contracted in the native villages, and was not due to insanitary barracks or quarters. Two of the cases were suffering from venereal disease on admission, and one admitted having had a drink of water at the house of a native, where it was ascertained an inmate had been ill for weeks with "fever." At Trincomali two of the cases were traced to adulterated milk purchased from a native; in the third case no cause could be assigned.

Simple Continued Fever caused 47 admissions, being in the ratio of 33·3 per 1,000. This is higher than in the previous year by 3·4, but below the corresponding average rate for the preceding eight years by 36·2 per 1,000. The cases were mild.

Dysentery caused 24 admissions, giving a ratio of 17·0 per 1,000, being slightly lower than that in the previous year.

Malarial Fevers caused 75 admissions, being in the ratio of 53·2 per 1,000, which is higher than the rate in the previous year by 27·5; 17 cases occurred at Colombo, 53 at Trincomali, and 5 at Kandy.

Venereal Diseases.—There were 112 admissions for *primary syphilis*, giving a ratio of 79·4 per 1,000, an increase of 17·4 on the previous year's rate. Including simple venereal ulcer, for which there were 63 admissions, and 4·96 men constantly sick, the ratio of admission for primary venereal sores was 124·0 per 1,000, an increase as compared with the corresponding rate for the previous year of 30·7, but below the octennial average rate by 27·0. *Secondary syphilis* caused 83 admissions, or a ratio of 58·8 per 1,000, being less than the rate in the previous year by 10·1, but above the octennial average rate by 3·7. *Gonorrhœa* caused 187 admissions, being in the ratio of 132·5 per 1,000, which is slightly lower than the previous year's rate, and below the octennial average rate by 2·0.

Including all forms of venereal disease, the total admission rate was 315·3 per 1,000, an increase as compared with the previous year's rate of 20·1, but below the octennial average rate by 25·3. The total amount of constant inefficiency from these diseases was equal to 23·93 per 1,000 more than in 1893 by ·49, and above the average by 1·37.

Parasitic Diseases gave one admission for tænia solium. *Alcoholism* gave 5 admissions the same as in the previous year, one death occurred. *Debility* gave 11 admissions, a decline of ·5 as compared with the corresponding ratio for the previous year.

Rheumatism caused 69 admissions, or a ratio of 48·9 per 1,000, being higher than that for the previous year by 15·5. *Tubercular diseases*, with 5 admissions, gave a ratio of 3·5 per 1,000 as compared with *nil* in the previous year. All the cases were due to lung affections. One death occurred. *Other diseases* of this group caused 17 admissions, or a ratio of 12·1 as compared with 7·6 in 1893; they comprised 15 cases of non-malignant new growth, and 2 of anæmia.

LOCAL DISEASES.—*Diseases of the Nervous System* caused 10 admissions. There were no deaths. The cases were 8 neuralgia, 1 sclerosis of the posterior columns, and 1 mania.

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Diseases of the Eye contributed 19 admissions, or a ratio of 13·5 per 1,000 as compared with 11·1 in the previous year. 15 of the admissions were for conjunctivitis. *Diseases of other organs of special senses* caused 15 admissions. Of these 13 were for inflammation of the external meatus.

Diseases of the Circulatory System caused 18 admissions giving a ratio of 12·8, higher than that in the previous year by 7·9. Of the cases treated 9 were due to palpitation. Five deaths occurred, 2 from valvular disease of heart, 2 from hypertrophy of heart, and 1 from aneurysm of the abdominal aorta.

Diseases of the Respiratory System were the cause of 48 admissions, equal to a ratio of 34·0 per 1,000, or an increase of 9·0 on the previous year's rate. Bronchial affections caused 40 of the admissions.

Diseases of the Digestive System caused 169 admissions and 4 deaths, including that of an invalid. The ratio of admissions, 119·8 per 1,000, shows an increase of 34·2 on the rate for 1893. The principal causes of admission were sore throat 21 cases, dyspepsia 42, diarrhœa 52, and hepatic affections 18. The deaths were two from abscess of the liver and one each from perforating ulcer of stomach and hepatitis.

Diseases of the Lymphatic and Glandular System caused 60 admissions, or a ratio of 42·5 per 1,000, a decrease of 9·7 as compared with the corresponding rate in the previous year. All the cases were due to inflammation or suppuration of the inguinal glands.

Diseases of the Urinary System gave one admission for inflammation of the bladder.

Diseases of the Generative System were the origin of 92 admissions, of which 63 were cases of simple venereal ulcer, the admission ratio, 65·2, being an increase of 22·8 as compared with the previous year's rate.

Diseases of the Organs of Locomotion gave only 5 admissions, a decrease in ratio of ·7 as compared with 1893.

Diseases of the Connective Tissue caused 54 admissions. The rate, 38·3 per 1,000, is 13·3 over that for the previous year.

Diseases of the Skin gave 85 admissions, or a rate of 60·2 per 1,000, being an increase of 4·5 as compared with that for the last year. The principal causes of admission were eczema, ulcers, and boils.

General Injuries caused one admission for burns and scalds. *Local injuries* caused 98 admissions, and there was one death from fracture of vault of skull, accidental, from a fall, the admission rate 69·5, being 5·0 lower than that for the previous year. The chief causes of admission were contusions, wounds, and sprains.

Invaliding.—The number of men invalided home was 32, being at the rate of 22·68 per 1,000, which is higher than the corresponding rate in the previous year by 9·45, and above the decennial average rate by 1·19. The highest ratio of invaliding in any particular corps was 85·17 per 1,000 in the 1st Battalion Shropshire Light Infantry, and the lowest, 12·66, in the Royal Engineers. Thirteen of the men invalided, or 17·15 per 1,000, were between 20 and 25 years of age; 12, or 23·53, between 25 and 30, and 7, or 61·40, were over 30 years of age. With regard to service in the Command one man, or 3·49 per 1,000, was in his first year of service, 6, or 12·30 in their second year, 19, or 36·75, in their third year, and six men, or 50·00 per 1,000, above three years' service. The principal causes of invaliding were secondary syphilis 8 cases, dysentery and tubercle of the lungs 3 cases each, and debility, palpitation, hepatitis, and stricture of the urethra 2 cases respectively. The number of men finally discharged the service by invaliding during the year was 14, being in the ratio of 9·02 per 1,000, which is in excess of the corresponding rate in the previous year by ·87, but below the decennial average by 2·99. The principal disabilities necessitating discharge were secondary syphilis 6 cases, and diseases of the respiratory system 2 cases.

Officers.—In an average strength of 49 there were 35 attacks of illness and one officer was invalided. The ratio of sickness per 1,000 was 714·3, being an increase of 299·2 on the corresponding rate for the previous year. The principal causes of sickness were fevers, neuralgia, and diarrhœa. The case invalided was one of debility.

Women.—The average strength was 63, and there were 75 attacks of illness, with three deaths, being in the ratios of 1190·5 and 47·62 per 1,000. The admission rate is considerably in excess of the rate in the preceding year. The principal causes of sickness were debility, neuralgia, and diarrhœa. The deaths were due to enteric fever, inflammation of the membranes of the brain, and hepatitis one case respectively.

Children.—The average strength was 122, and the number of cases of sickness 130, with 4 deaths, being in the ratios of 1065·6 and 32·79 per 1,000, respectively as compared with 663·5 and 28·04 per 1,000, in 1893. The principal causes of illness were bronchitis, fevers, debility, diarrhœa, whooping cough, and conjunctivitis. The deaths were due to enteric fever, bronchitis, quinsy, and diarrhœa, 1 case each.

Sanitary Conditions.—The Senior Medical Officer, Brigade-Surgeon Lieut.-Colonel J. Maturin, reports that the sanitary condition of the barracks at all the stations has been satisfactory. There has been no over-crowding, and all the barrack-rooms are well ventilated. The water supply is good, and so is the drainage. The dry-earth system is in use at all the stations. The hospital accommodation has been sufficient, although at Colombo it threatened at times to become limited; this, however, was obviated by transferring the chronic cases to Kandy, with marked benefit to health. The following sanitary improvements were carried out during the year. At Colombo the verandahs of the upper part of the Station Hospital were refloored. At Trincomali the surface drains were improved and extended, and various alterations made in the Station Hospital. Two tanks for storing water were fixed in Fort Frederick.

II.—ASIATIC TROOPS.

The Asiatic Troops consisted of two companies of the Ceylon Royal Artillery, the average strength of which was 159, and the Ceylon Company (Submarine Miners), Royal Engineers, with an average strength of 39, the total strength amounting to 198, being a decrease of 30 as compared with the previous year.

The Ceylon Companies, Royal Artillery, were quartered at Colombo and Trincomali; and the Ceylon Company (Submarine Miners), Royal Engineers, at the latter station.

The admissions into hospital were 179 in number, equal to a ratio of 904·04 per 1,000 as compared with 675·4 in the previous year. The average number constantly sick was equal to 25·15 per 1,000, an increase of ·37 on the last year's rate.

The average sick time to each soldier was 9·18, and the average duration of each case of sickness 10·15 days, as compared with 9·04 and 13·39 days respectively in the year preceding.

The principal causes of admission were malarial fevers, rheumatism, cutaneous affections, local injuries and venereal diseases. No deaths occurred. Two men were invalided, one on account of rheumatism, and the other on account of spasmodic asthma.

XI.—ON THE HEALTH OF THE TROOPS SERVING IN CHINA.

Sickness and Mortality.

I.—EUROPEAN TROOPS.

China. The average strength of the troops serving in the Command was 1,446. The force consisted of two Companies of Artillery, the 8th and the 30th Companies, Southern Division, until 7th December, being relieved by the 12th and 35th Companies; the 1st Battalion, Shropshire Light Infantry, until 22nd December, when it was relieved by the 1st Battalion, Rifle Brigade; detachments Royal Engineers, Army Service Corps, Medical Staff Corps, Ordnance Store Corps, and Garrison Staff throughout the year.

The subjoined table gives the principal statistics of sickness and mortality among these troops:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
1,446	2,035	24	2	26	100	26	112·75	1407·3	17·98	63·16	17·98	77·97

Compared with corresponding ratios in the previous year a decrease of 17·7 per 1,000, has occurred in the ratio of admission and one of 4·04 in the ratio of constantly sick, while an increase of 5·25 has taken place in the mortality rate; and compared with similar average ratios for the preceding ten years increase is observed in all, amounting to 249·6 in the admission rate, 7·33 in the death rate, and 23·37 in the ratio constantly sick. The average sick time to each soldier was 28·46 days, which is shorter than that of the previous year by 1·47 days, but longer than the decennial average period by 8·53 days. The average duration of each case of sickness, 20·22 days, is shorter by ·78 of a day than in 1893, but longer by 3·01 days, than the decennial average period.

In Abstract XL. will be found the more important of the health statistics of arms of the service and in individual corps. In the Artillery the admission rate was 1180·8 per 1,000, which is lower than that of the previous year by 126·9, but the death rate, 15·38, was higher by 6·83. Of the Companies, the 30th Company, Southern Division, gave admission and mortality rates of 1176·9 and 13·61 per 1,000 respectively and the 8th Company gave corresponding ratios of 953·5 and 11·63. The other two Companies, the 12th and 35th, which were only a short time in the Command, helped to swell the average rates. The Royal Engineers furnished the lowest admission rate, 616·5, but the death rate was high, 30·07 per 1,000, the former is below by 212·6 and the latter above by 11·08, the corresponding rates of the previous year. In the Infantry the admission rate was highest, being 1605·1 above that of the previous year by 11·6, and the death rate 15·87 shows an increase of 3·68.

With regard to age and its influence on sickness it is found that in men under 20 years of age the admission ratio was 620·7 per 1,000, of those between 20 and 25 years 1751·8, between 25 and 30 years 1169·8, and among men over that age it was 816·3 per 1,000. In the previous year, as in the present, ina.

the highest rate, was among men between 20 and 25 years of age. In comparison with the previous year a decrease is shown in the ratios of men under 20, and between 20 and 25 years, but in the others an increase is observed. The rate of mortality was 13·29 in men between 20 and 25 years of age, 15·58 in men between 25 and 30 years, and 51·02 in men over that age. As to length of service in the Command the admission rate of men in their first year of service is found to be 1463·9 per 1,000, of men in their second year 1167·3, of men in their third year 1565·7, and of men above that service 946·1. In the previous year the highest rate of admission was among men in their first year of service. In comparison with the ratios of the previous year decrease is observed in all cases except in men in their third year, in which there is increase. The mortality rate of men in their first year of service was 16·32 per 1,000, of men in their second year 19·01, of men in their third year 17·63, and of men with three years' service and over 7·69; with the exception of the latter, increase has occurred in every instance in comparison with the ratios of previous year.

The statistics of sickness and mortality according to the different groups of diseases are shown in Abstract XIII.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—Under the heading of *eruptive fevers* only a single admission, a case of measles, is shown, and no case of *enteric fever* is recorded. The other admissions in the 1st sub-group of general diseases were 9 cases of *bubonic plague*, one of which proved fatal; a full report of the outbreak of this disease will be found in Appendix No. V. of the Army Medical Department Report for 1893; *simple continued fever* furnished 4 admissions, giving a ratio of 2·8 per 1,000, which is considerably below the previous year's and average ratios; *dysentery* was the cause of 26 admissions, the ratio per 1,000 being 18·0, which is higher than the previous year's and average ratios by 8·8 and 4·3 respectively.

Malarial Fevers caused 656 admissions and 5 deaths. The ratios per 1,000 were 453·7 and 3·46 respectively, the former being lower by 92·3 and 4·6 in comparison with previous year's and octennial ratios, but the death rate is higher in both cases by 1·34 and 1·08. The ratio of constantly sick on account of these fevers was 15·60, which is below that of the previous year by 5·84, but above the average by 3·43 per 1,000. Of the 5 deaths, 4 were due to remittent fever, and 1 is recorded under ague. The Principal Medical Officer, Surgeon-Colonel A. F. Preston, M.B., states that "there was less " general disturbance of the soil in the vicinity of the quarters occupied by " the troops during the year under review than during the previous year, and " none of the troops were employed on work which necessitated great dis- " turbance of the disintegrated granite as in 1893," and he thinks "this " may account to a considerable extent for the smaller amount of intermittent " fevers."

Venereal Diseases.—Under the head of *primary syphilis* are shown 98 admissions, equal to a ratio of 67·8 per 1,000, which is above the previous year's ratio by 19·0. Including the admissions for simple venereal ulcer, which numbered 179, and for which 15·88 men were constantly sick, the admission ratio for primary venereal sores amounted to 191·6 per 1,000, showing an increase of 18·3 on the previous year's rate, and one of 58·7 on the average. *Secondary syphilis* was the cause of 98 admissions, giving a ratio of 67·8, being above the previous year's rate and the average of the preceding eight years by 19·7 and 23·5 respectively. A death occurred in an invalid who had left the Command. *Gonorrhœa* caused 275 admissions, equal to a ratio of 190·1 per 1,000, showing increase on 1893 and the average of the preceding eight years, of 31·0 and 70·4 respectively. Including all forms of venereal disease the total admission ratio amounted to 449·5, being an increase on the previous year of 69·0, and on the average rate for the previous eight years of 152·6 per 1,000. The ratio of constant inefficiency from these diseases was 35·40 per 1,000, in excess of the previous year's rate by 6·44, and of the octennial average rate by 13·77.

Parasitic Diseases.—Only one admission, a case of tænia solium occurred under this heading.

Alcoholism caused 8 admissions, of which two with one death were for delirium tremens. The ratio of admissions is quadruple that of 1893, in which year there was no death.

China.

Debility.—The admissions under this head were 41 in number, equal to a ratio per 1,000 of 28·3, which is 5·0 and 8·6 in excess of the ratios of the previous year and the average of the preceding eight years respectively.

Rheumatism furnished 35 of the admissions, giving a ratio of 24·2 per 1,000, an increase of 3·0 on the preceding year, and 6·5 above the average.

Tubercular Diseases were the cause of 5 admissions with a similar number of deaths. All of the cases were tubercle of lung.

There were 16 other admissions in this group of diseases, 10 of which were for non-malignant new growth, and 6 for anæmia.

LOCAL DISEASES.—*Diseases of the Nervous System* gave only 4 admissions, including 1 for mental disease; the ratio per 1,000, 2·8, shows decrease on the ratio of previous year and preceding eight years' average of 5·7 and 4·4 respectively. There was one death, due to epilepsy, that of an invalid on passage to England.

Diseases of the Eye was the origin of 19 admissions, equal to a ratio of 13·1 per 1,000, which is an increase on the last year's rate of 4·6, and on the average rate for the preceding eight years of 5·2 per 1,000. 10 of the cases were due to conjunctivitis, and 6 to iritis.

Diseases of other Organs of Special Senses show 17 cases of admission, all being aural affections; the ratio per 1,000 is above that of the previous year by 2·5, and fractionally above the average rate.

Diseases of the Circulatory System were the cause of 24 admissions, the ratio per 1,000 being 16·6, which is below the ratio of 1893 by 1·8, but in excess of the average by 3·2 per 1,000. The admissions were 19 for palpitation, 3 for dilatation of heart, and one each for hypertrophy and valve disease of heart. There were 4 deaths, 3 from dilatation of heart, and 1 from valve disease.

Diseases of the Respiratory System caused 47 admissions, giving a ratio of 32·5, which is higher by 13·4 than the rate for the previous year, and than the preceding eight years' average rate by 4·4 per 1,000. Of the admissions, bronchitic affections furnished 28, asthma and pneumonia 7 each, and pleurisy 5.

Diseases of the Digestive System caused 131 admissions and 2 deaths. The admission rate, 90·6, is above that for 1893 by 4·3, but below the average rate by 3·1 per 1,000. Diarrhœa alone was the cause of 44 admissions, and one of the deaths is returned under this head; the other death was from abscess of the liver.

Diseases of the Lymphatic and Glandular System contributed 51 admissions, equal to a ratio of 35·3 per 1,000, which is lower by 12·8 than in the previous year, but higher by almost the same amount than the eight years' average rate.

Diseases of the Urinary System were the cause of 8 admissions and 1 death; the latter was due to Bright's disease. The admission rate was higher by 1·3, but lower by 1·8 when compared with ratios of the previous year and the preceding eight years' average.

Diseases of the Generative System show 206 admissions, 179 of which were for simple venereal ulcer. The admission rate, 142·5, is less than that of 1893 by 8·1, but above the average rate by 21·8 per 1,000.

Diseases of the Organs of Locomotion gave 19 admissions, furnishing a ratio per 1,000 of 13·1 above the previous year's rate and the octennial average rate by 6·0 and 4·6 per 1,000 respectively. Of the cases 10 were due to synovitis, and 4 to inflamed bursa.

Diseases of the Connective Tissue originated 38 admissions, giving a rate of 26·3 per 1,000, which is below the previous year's rate by 7·7, but is above the average rate by 1·1.

Diseases of the Skin.—75 admissions are shown under this heading with a ratio per 1,000 of 51·9, which is higher than the ratio of the previous year and the average rate, in the former by 10·9, and the latter by 2·4 per 1,000. The chief causes of admission were ulcers, boils, and whitlows.

Injuries.—122 admissions and 5 deaths are recorded, the former being equal to a ratio of 84·4 per 1,000, a decrease from the previous year's ratio of 6·8 and of 2·7 from the average rate. General injuries were represented by 2 cases of heat stroke, one of which proved fatal; 3 deaths were due to accidental drowning and 1 to suffocation. Local injuries were as usual mainly due to wounds, contusions, and abrasions.

China. *Invaliding.*—The number of men invalided home was 100, giving a ratio of 69·16 per 1,000, which is higher than the ratio of 1893 by 51·48 and than the decennial average rate by 45·38. The explanation given for this high number was that the invaliding for two years, 1894 and 1895, was included, there having been two invaliding boards in 1894, the latter of which dealt with the invalids who would in the ordinary course have been sent home early in 1895, but the troopship for their conveyance left at the end of the year.

Of the men invalided 20, or 13·83 per 1,000, were for malarial fevers, 15, or 10·37, for constitutional syphilis, 14, or 9·68, for debility, and 11, or 7·61, were for circulatory diseases. As to the arms of service 11 belonged to the Artillery, giving a ratio of 42·31 per 1,000, 8 to the engineers with 60·15, and 81 to the infantry, with 86·36 per 1,000. With regard to the ages at which invaliding took place 59, giving a ratio of 87·15 per 1,000, were between 20 and 25 years, 33, or 51·40, were between 25 and 30 years, 7, or 71·43, were of 30 years and upwards, and 1 with a ratio per 1,000 of 34·48, was under 20 years of age. As to length of service in the Command 46, with a ratio of 73·72 per 1,000, had between 2 and 3 years' service, 33, with a ratio of 18·00, had between 1 and 2 years', 11, with a ratio of 25·64, were under 1 year, and 10, giving a ratio of 76·92, had 3 years' service or over. The number of men finally discharged was 26, which equals a ratio of 17·98 per 1,000, and is in excess of the corresponding rate in the previous year by 8·08. The principal diseases necessitating discharge were malarial fevers and circulatory diseases 6 cases respectively. Constitutional syphilis, debility, and tubercular diseases 2 each, and 1 case each for various affections.

Officers.—The average strength was 65, and there were 35 attacks of illness, 1 death, and 3 officers were invalided to England. The ratio of prevalence of sickness was 538·5 per 1,000, which is lower by 179·8 than in the previous year. The principal causes of sickness were malarial fevers and digestive disorders, and the case of death was due to bubonic plague. The causes of invaliding were diarrhœa, congestion of liver, and fracture, 1 case respectively.

Women.—The average strength was 58, and the ratio of admission was 948·3 per 1,000; 1 death occurred. The admission rate is less than that of the previous year by 14·7, and the death rate also shows a decrease of 38·31. The chief causes of admission were febrile diseases and digestive disorders; the death was due to rheumatic fever.

Children.—The average strength was 104 and there were 130 attacks of illness; the ratio, 1250·0 per 1,000, was above that of the previous year by 217·4. The principal causes of admission were eruptive and continued fevers, malarial fevers, and bronchial affections. There were 3 deaths, one each from constitutional syphilis, tuberculosis, and infantile convulsions.

Sanitary Notes.—The Principal Medical Officer, Surgeon-Colonel A. F. Preston, M.D., states that the general health of the troops was fair. There was a marked diminution in the cases of intermittent fever, due doubtless to the fact that there was no recent disturbance of the decomposing granite soil. The station hospital is very unsatisfactory as regards accommodation, one half of the sick only being on shore, the other half afloat on the ship "Meanee." There is no proper accommodation for infectious cases, lunatics, or prisoners. An officer's ward is also much needed. He also recommends that in the hot weather light woollen khaki clothing should be used instead of white drill, with the object of minimizing the risk of chill. Several minor structural improvements in the various barracks and buildings were recommended and carried out.

II.—Asiatic Troops.

China.

The total strength of the Asiatic troops was 1,310, and consisted of the Hong Kong Companies, Royal Artillery, with an average strength of 427, the Hong Kong Company, Royal Engineers, 47, and the Hong Kong Regiment, 836.

The number of admissions to hospital was 870, giving a ratio of 664·1 per 1,000, the deaths were 16 (inclusive of that of one man while absent from Hong Kong), or 12·21, and the number constantly was 38·61, equal to a ratio of 29·48 per 1,000.

In comparison with corresponding rates in the previous year decrease of 35·1 and ·83 is observed in the ratios of admission and death, but in constantly sick a fractional increase has occurred.

The principal cause of sickness were malarial fevers, sick diseases, and digestive disorders, and the causes of death were tubercular diseases in 4 cases, 2 each for febrile diseases, bronchitis, dysentery, and gunshot wound (of the latter 1 was suicidal and the other a case of homicide), and debility, hanging (judicial), enteritis, and pneumonic phthisis one case respectively.

XII.—ON THE HEALTH OF THE TROOPS SERVING IN THE STRAITS SETTLEMENTS.

Sickness and Mortality.

I.—European Troops.

Straits Settlements. The average strength of the force in the Straits Settlements was 1,317. The troops in garrison were the 26th Company, Southern Division, Royal Artillery, throughout the year; detachment Royal Engineers, the 2nd Battalion, Lincolnshire Regiment, detachments Medical Staff Corps, Ordnance Store Corps, and Garrison Staff. The distribution was the battery of Artillery at Fort Canning and outlying forts, the engineers on the island of Pulo Brani, Fort Canning, and Tanglin, five companies of the infantry regiment at Tanglin, two companies at Penang, and one at Fort Canning, and detachments of other corps at various stations.

In the following table the principal health statistics of these troops are given:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratio per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids Sent Home.	Invalids finally Discharged.	Constantly Sick.
1,317	1,008	11	1	12	23	9	71·16	765·4	9·11	17·46	8·63	54·03

Compared with the return for the previous year the ratios of admission and constantly sick have declined, the former by 104·6 and the latter by 4·18 per 1,000, but the death rate shows an increase of 5·84; in comparison with the 10 years' average rates decrease is also observed in the admission and constantly sick rates, of 381·7 and 14·09 respectively, but an increase of 2·38 is observed in the death rate. The average sick time to each soldier was 19·72 days, lower than in the preceding year by 1·56 days, and than the average decennial period by 5·14 days. The average duration of each case of sickness was 25·76, which is longer by 1·30 days in the former and 4·08 days in the latter comparison.

The principal statistics of sickness and mortality of individual corps will be found in Abstract XL.

In the Artillery the admission rate was 906·4 per 1,000, the death rate 14·78, and the rate of constantly sick 59·90, the admission and constantly sick rates have declined by 63·7 and 1·17 respectively in comparison with the ratios for 1893, in which year, however, there was no death. In the Infantry the ratios per 1,000 of admission, mortality, and constantly sick were 769·2, 8·06, and 55·50 respectively, which when compared with similar ratios of previous year show decrease in the admission and constantly sick rates of 119·4 and 6·24 respectively, but the death rate shows an increase of 3·47 per 1,000. In the engineers and staff and departments the sick rates were low, but in the latter there was one death; in the previous year no death occurred in either of these arms of the service.

Taking the sickness and mortality among the troops according to age it is found that among men under 20 years of age the admission ratio was 382·3, among men between 20 and 25 years of 799·5, among men between

Straits Settlements.

25 and 30 years 834·6, and among men above that age 535·1 per 1,000. The highest admission rate in the previous year was among men between 20 and 25 years of age. There was no death among men under 20 years, but among men in the next quinquennium 9 deaths are recorded, giving a ratio of 12·03 per 1,000, and in the two following quinquennia one death each occurred, giving ratios per 1,000 of 2·58 and 8·77 respectively.

As to length of service in the Command the admission rate among men in their first year of service was 914·0, of those in their second year 726·7, of those in their third year 550·9, and among men with three years' service and over 779·7. In the previous year the highest ratio of admission was among men in their second year of service. The mortality rate was 16·95 in men of three years' service and upwards, 8·20 in men in their second year, and 8·60 in men of under one year's service. In the previous year the latter period of service alone gave a ratio of mortality.

In Abstract XIV. will be found the statistics of sickness, mortality, and invaliding, arranged according to the different groups and orders of diseases.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—*Eruptive fevers* were represented by a single case of *small-pox* of a mild nature which occurred at Penang. There was no case of *enteric fever*, but *other continued fevers* caused 102 admissions, equal to a ratio of 77·4 per 1,000, a decrease of 3·6 as compared with the previous year's rate, and *dysentery* caused 8 admissions, which shows an increase of 1·2 per 1,000; one of these cases died.

Malarial Fevers.—39 admissions are recorded, 1 being for remittent fever, and the remainder for ague; the case of remittent fever was of a severe type and proved fatal; but the cases of ague were all of a mild character.

Venereal Diseases.—There were 158 admissions for *primary syphilis*, giving a ratio of 120·0 per 1,000, which is below the previous year's rate by 11·6, but higher than the average rate by 29·2. Including the admissions for simple venereal ulcer, which were 16 in number, 1·37 men being constantly sick, the ratio was 132·1, and is lower than the ratios of the previous year, and of the octennial average by 15·0 in the former and 49·7 in the latter case. *Secondary syphilis* was the origin of 137 admissions, equal to a ratio of 104·0 per 1,000, which is lower by 8·0 than the previous year's rate, but higher by 11·7 than the average of the preceding eight years. *Gonorrhœa* caused 171 admissions, or a rate per 1,000 of 129·8, being an increase on the rate of the previous year of 32·5, but below the average by 16·3 per 1,000. The admissions for all forms of venereal disease numbered 482, and the average number constantly sick 40·95; the ratio of the former being 365·9 and of the latter 31·09 per 1,000. In comparison with previous year's ratios there is an increase of 9·5 in the admission rate, but a small decrease is observed in the constantly sick rate; and compared with the average ratios both admission and constantly sick rates show a diminution of 54·3 and 4·59 respectively.

Parasitic diseases were represented by two admissions for tænia solium.

Alcoholism caused 8 admissions with a ratio per 1,000 of 6·1; one death is shown under this head.

Debility, with 8 admissions, shows decrease of admission ratio when compared with previous year and preceding eight years' rate of 16·0 and 12·4 respectively.

Rheumatism.—Only 9 cases are recorded, all being of a mild character.

Tubercular diseases gave 6 admissions, 3 of which proved fatal; the ratio of admissions, 4·6, is 3·0 per 1,000 above that of the previous year, and 2·8 in excess of the average ratio for the preceding eight years. All the cases were lung affections.

Other diseases of this group caused only 3 admissions, which were returned as non-malignant new growth.

LOCAL DISEASES.—*Diseases of the Nervous System.*—10 admissions are returned, including 4 for mental disease; the ratio, 7·6 per 1,000, shows a decrease of 9·6 as compared with that of the previous year, and is fractionally below the average rate. There were two deaths, which were due to abscess of brain and meningitis respectively.

Diseases of the Eye only caused 4 admissions, giving a third of last year's ratio, and less than a seventh of the average rate.

Straits Settlements.

Diseases of other Organs of Special Senses gave 11 admissions, equal to a ratio per 1,000 of 8·4, which is less than that of the previous year by 2·2, and than the average rate by 7·0; all of the cases were due to inflammation of the external meatus.

Diseases of the Circulatory System were represented by 1 case of hypertrophy of heart.

Diseases of the Respiratory System furnished 19 admissions, which gives a slight increase on last year's rate, but is 9·4 per 1,000 below the average rate of the preceding 8 years. The majority of the admissions were due to bronchial affections.

Diseases of the Digestive System, with 66 admissions, or a ratio of 50·1 per 1,000, show a decrease of 11·2 and 26·8 respectively in comparison with the previous year's and octennial ratios. Dyspepsia, diarrhœa, and throat affections were the chief causes of admission, and there were 2 cases of abscess of liver, which proved fatal.

Diseases of the Lymphatic and Glandular System gave rise to 31 admissions, or a ratio per 1,000 of 23·5, being a decrease of 5·9 and 17·6 when compared with previous year's and average ratios.

Diseases of the Generative System, with 34 admissions, show a decrease in the ratio per 1,000 when compared with the previous year's rate, and the average rate for the preceding eight years, of 1·2 and 87·9 respectively. An invalid died, after arrival home, from stricture of urethra.

Diseases of the Organs of Locomotion show a decrease in the ratio of 2·1 and 2·3 per 1,000 in comparison with the previous year's rate and that of the average.

Diseases of the Connective Tissue gave rise to 27 admissions, the rate per 1,000 being 20·5, which is less than half the previous year's rate and 14·4 below the average rate.

Diseases of the Skin caused 54 admissions, equal to a ratio of 41·0 per 1,000, showing a decrease of 13·8 as compared with the previous year's rate, and one of 35·7 below the average rate for the preceding eight years.

Injuries.—There were 87 admissions and 1 death. The admission ratio shows a decrease in comparison with previous year's and average rates of 17·3 and 36·4 respectively. The causes of admission were, as usual, wounds, sprains, and contusions. The death was due to gunshot wound (suicidal).

Invaliding.—The number of men invalided home during the year was 23, the ratio per 1,000 being 17·46, which is above the corresponding rate for the previous year by 6·83, but below the average rate for the previous ten years by 3·80. Of the invalids, 20, or 20·6 per 1,000, belonged to the infantry, and 3, or 14·78 per 1,000, to the artillery. As to the period of age at which men were invalided, it is observed that 8, or 10·69 per 1,000, were between 20 and 25 years; 14, or a ratio of 36·18, were between 25 and 30 years; and 1, with a ratio of 8·77, was above that period of age. With regard to service in the Command, 13 men, equal to a ratio of 17·70 per 1,000, were in their second year; 9, with a ratio of 76·27, were in their third year; and 1, with a ratio of 8·47, had above that service. The principal causes of invaliding were—constitutional syphilis 12 cases, and nervous diseases 5 cases, giving ratios per 1,000 of 9·11 and 3·80 respectively. The number of men discharged as medically unfit for further service was 9, equal to a ratio of 6·83 per 1,000, which is higher than the corresponding ratio for the preceding year by 1·11. The principal diseases necessitating discharge were, 3 for constitutional syphilis, 3 nervous diseases (including 1 for mental affection), and 2 for debility.

Officers.—The average strength was 47, and the number of admissions 29, the ratio per 1,000 being 617·0, or an increase of 35·2 on the preceding year's rate. The chief causes of admission were climatic fevers and digestive disorders. There was one death due to asphyxia from submersion; the verdict given at the coroner's jury was "found drowned." Two officers were invalided, one for rheumatism and one for eclampsia.

Women.—The average strength was 51, and the admissions numbered 32, giving a ratio per 1,000 of 627·4, which is a considerable advance on the preceding year's ratio. The chief causes of sickness were fevers and debility. There was one death from eclampsia (puerperal).

Straits Settlements.

Children.—The strength was 96, and the admissions were 38 in number, equal to a ratio of 395·8 per 1,000, which is more than double the rate for the previous year. There were 2 deaths, 1 from infantile convulsions and 1 from teething.

Sanitary Conditions.—The Acting Senior Medical Officer reports that the accommodation in barracks and hospital was ample, and the sanitation, ventilation and means of ablution were satisfactory.

At Tanglin, early in the year, particular attention was given to the wells supplying drinking and washing water, and, on medical recommendation, they were all thoroughly cleaned out, their walls repaired, and the cemented masonry platforms surrounding them extended and sloped to drains. Roofs were constructed over the drinking water wells, and all filters were carefully attended to. The municipal water had not then been supplied.

The latrines were improved, and the ablution rooms, which were too small, were in course of being enlarged. A site for an infection ward, behind the station hospital, was selected.

At Fort Canning and Penang some minor improvements were made.

There was no disease among the troops attributable to defective sanitation.

II.—ASIATIC TROOPS.

The force consists of the Singapore Company, Royal Artillery, with an average strength of 113, and the Singapore Company, Royal Engineers, with an average strength of 49; the former is composed of natives, recruited from India, and the latter are Malays. The total number of admission was 112, and the average number constantly sick 5·44, giving ratios per 1,000 of 691·4 and 33·58 respectively, the former being below by 31·5, and the latter higher by 21·54 than the corresponding ratios in the previous year. The principal causes of admission were fevers and venereal affections.

XIII.—ON THE HEALTH OF THE TROOPS SERVING IN INDIA.

Sickness and Mortality.

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The average strength of the warrant officers, non-commissioned officers and men in India was 70,983; the admissions into hospital were 106,967, and the deaths 1,193, of which 1,141 took place in India, and 52 (being those of invalids) on the passage to or after arrival in England. The average number constantly sick was 6509·83. The rates from these numbers are, for admissions 1506·9, for deaths 16·81, and for constantly sick 91·71 per 1,000 of the strength.

The sickness for each of the three Commands is shown in the following table:—

—	Average Annual Strength.	Admitted into Hospital.	Deaths			Invalids sent Home.	Invalids discharged the Service.	Average constantly Sick.
			In India.	Of Invalids.	Total.			
Bengal - -	44,160	69,130	821	25	846	1,056	708	4182·36
Madras - -	13,407	17,057	127	12	139	387	205	1189·37
Bombay - -	13,416	20,780	193	15	208	365	164	1138·10
Total - -	70,983	106,967	1,141	52	1,193	1,808	1,077	6509·83
Ten years, 1884–93 - -	606,344	941,417	9,483	385	9,868	16,092	8,474	50672·00

continued.

—	Ratio per 1,000 of Mean Strength.					Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.
	Admitted.	Died.	Invalided Home.	Invalids discharged.	Constantly Sick.		
						Days.	Days.
Bengal - -	1565·4	19·16	23·91	16·03	94·71	34·57	22·08
Madras - -	1272·2	10·37	28·86	15·29	88·71	32·38	25·45
Bombay - -	1548·9	15·50	27·21	12·22	84·83	30·96	19·99
Total - -	1506·9	16·81	25·47	15·17	91·71	33·47	22·21
Ten years, 1884–93 - -	1552·6	16·27	26·54	13·97	83·57	30·50	19·65

I.—BENGAL.

Bengal.

The average strength of the troops serving in the Command during the year was 44,160 warrant officers, non-commissioned officers and men, higher by 1,159 than the strength in the previous year.

In the following table are given the more important statistics of sickness and mortality among the troops during the year:—

1894. —— Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratios per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally discharged.	Constantly Sick.
44,160	69,130	821	25	846	1,056	708	4182·36	1565·4	19·16	23·91	16·03	94·71

Compared with the corresponding ratios in the preceding year an increase of 97·0 per 1,000 is observed in the ratio of admission, one of 4·21 in that of mortality, and one of 4·08 in that of constantly sick, while compared with average similar ratios for the preceding ten years there is an increase of 49·8 per 1,000 in the admission rate, one of 3·34 in the death rate, and one of 14·92 in the rate of constant inefficiency through sickness.

The average sick time to each soldier was 34·57, and the average duration of each case of sickness 22·08, days. Compared with corresponding periods in the previous year the average sick time was longer by 1·49 days, and the average duration of each case of sickness shorter by ·45 of a day; compared with similar average periods for the preceding ten years an increase of 5·45 days is observed in the former, and one of 2·87 days in the latter.

The loss to the Command by death and invaliding to England was 1,877 non-commissioned officers and men, being in the rate of 42·50 per 1,000, an increase of 2·05 on the rate in the previous year, and the loss to the army by death and final discharge as medically unfit for further service among troops in the Bengal Presidency was 1,554, or 35·19 per 1,000, an increase of 9·64 on the last year's return.

In Abstract XVI. is a table taken from the report of the Principal Medical Officer, showing the prevalence of sickness and mortality in the different military districts, from which it will be seen that the highest admission rate, 2060·9 per 1,000, occurred in the Lahore District, being followed by 2032·0 and 2019·6 in the Quetta and Peshawar Districts respectively, the first named being higher by 109·9, the second lower by 106·7, and the last mentioned higher by 324·9 than corresponding ratios in 1893, in which year the highest ratios occurred in the Quetta, Lahore, and Allahabad Districts in the order named. The prevailing diseases in the Lahore and Quetta Districts were malarial fevers and venereal affections, while in the Peshawar District more than half the admissions were caused by malarial fevers alone. The lowest admission rate was 1270·1 in the Sirhind District, the next above being 1278·9 and 1302·0 per 1,000 in the Presidency and Rohilkhand Districts. In 1893 the lowest ratio was also in the Sirhind District, but was then lower by 162·0 than in the year under report; the ratio in the Presidency District shows a decline of 82·3 as compared with that for the preceding year, while that for the Rohilkhand District has increased by 5·5. Among districts other than those referred to above, which show an increase of admission rate, Bundelkhand stands highest, the ratio of admission being higher by 367·3 than in the last year, and in the Narbudda and Oudh Districts an increase of 114·5 and 108·2 per 1,000 respectively is observed. The highest rate of mortality was in the Oudh District, 38·52 per 1,000, the next below being 28·32 in the Peshawar, and 24·02 in the Allahabad District; these high ratios were due

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principally to cholera and enteric fever in the first and third, and to enteric fever in the second instance. In the preceding year the Peshawar District gave the highest mortality rate, followed by the Quetta and Lahore Districts; compared with the ratios for that year increase is observed in eight districts, varying from 28·72 and 14·82 per 1,000 in the Oudh and Allahabad Districts to ·70 in the Peshawar District. The districts showing a decrease were Quetta, Rawal Pindi, Bundelkhand, and the Presidency, the ratios being lower by 7·03, 4·41, 4·06, and 1·85 respectively than in 1893.

In Abstract XVII. will be found the statistics of sickness and mortality at the various stations in the Command.

Taking first the stations in the plains having an average strength of over 150 men, it is found that Mian Mir gave the highest admission rate, 2809·1 per 1,000, which is higher than the corresponding rate in the previous year by 623·7, and than the average rate for the previous 10 years by 421·2. An outbreak of enteric fever and the increased prevalence of venereal diseases were the principal causes of the increase. Amritsar, which was highest in 1893, came next with 2533·6 per 1,000, below the last year's rate by 966·4, but above the average by 148·7, malarial fevers furnishing more than half the cases; the third ratio, 2509·5 per 1,000, occurred in Nowgong, higher than the previous year's rate by as much as 889·0, and above the decennial average rate by 596·2. The increased prevalence was not confined to any particular class of disease, but was most marked in venereal and climatic affections. The next ratio was 2419·9 at Ferozepore, an increase of 680·4 and 641·2 respectively in the two comparisons, which is accounted for by the great prevalence of malarial fevers. The lowest ratio of admissions was 1093·9 per 1,000 at Fort William, Calcutta, as compared with 1085·3 and 1457·5, the ratios for the preceding year and the decennial average, the next above being Sialkot with 1100·2, lower than in 1893 by 689·0, and below the average for the previous 10 years by 539·5 per 1,000. It is stated that the troops at this station were exceptionally healthy, and that enteric fever was much less prevalent than in the last year. At Roorkee, which was lowest in the year preceding, the admission rate was 1124·2 as compared with 976·9, the average rate being 1603·1. The increase is attributed to cases of malarial fever which occurred in men who arrived from Quetta and Burma, while rheumatic affections and diseases of the eye and skin were also more prevalent. Of the 36 stations the admission rates for 21 were higher than in 1893, the most notable being an increase of 960·6 at Jhansi and one of 523·8 at Peshawar, in addition to those already mentioned; while in 15 stations the rates decreased, among the most important being 845·8 at Fort Attock, 496·9 at Dum Dum, and 488·5 at Benares. Compared with the average ratios of the preceding 10 years the admission rates were higher in 19 stations, notably, in addition to those already mentioned, at Quetta, where an increase of 543·2 is observed, and at Sitapur, where the rate was 450·2 in excess of the average, while decrease occurred in 17 stations, including 907·4 at Fort Attock, 603·5 at Delhi, and 441·8 at Fategarh. Mortality was highest, 56·61 per 1,000, at Lucknow; the ratio for 1893 was 9·08, and the average rate equalled 15·02. The increase is accounted for by the epidemic of cholera, which is referred to on a succeeding page. Next in order came Mian Mir with 47·73, higher than in the previous year by 24·15, and above the average rate by 22·80 per 1,000. Of 41 deaths 14 were due to enteric fever, 6 to pneumonia, 6 to injuries, and 4 to hepatic affections. The third rate was 40·24 at Nowshera, above the last year's rate and the average of the preceding 10 years by 22·09 and 27·10 respectively, more than half the deaths being due to enteric fever. At Delhi the death rate was 32·47, higher in the two comparisons by 19·81 and 12·69 respectively, and high ratios also occurred at Benares, 32·02, and Fategarh, 31·53, both considerably higher than in 1893. The lowest ratio of mortality was 2·18 per 1,000 at Multan; the next above 5·42 at Fort William, Calcutta, where the lowest rate occurred in the previous year; 7·17 at Muttra, and 7·77 at Sialkot. Of the 36 stations 25 had ratios exceeding those of the previous year. Besides those already referred to may be mentioned Dinapore with a ratio of 24·02 against 6·77 in 1893 and 18·11 the decennial average rate, and Allahabad with an increase of 11·44 as compared with the preceding year's rate, though fractionally below the average. The most notable instances of decrease were in Jullundur, which gave the highest ratio in 1893, where the rate was 13·06 as compared with

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29·99 and 17·30 the previously year's and decennial average ratios, Dum Dum with 17·04, as against 27·78 and 14·36, and Sialkot, where the rate was less than in the last year by 10·61 and below the average by 8·11.

Among the seven hill convalescent depôts it is found that Kasauli gave the highest admission ratio, 1457·1 per 1,000, which is an increase of 157·6 on the corresponding rate in the previous year, but below the average rate for the previous decennium by 213·9. The medical officer in charge states that the increase was due principally to cases of sore throat and ague. The next highest ratio was 1450·0 at Murree, as compared with 1462·6 in 1893 and 1411·0 the average rate; malarial fevers and venereal diseases accounting for more than half the admissions. Dalhousie, which stood highest in the last year, came third with 1421·9 per 1,000, lower by 339·6 and 84·8 respectively in the two comparisons. More than one-third of the admissions were for venereal disease. At Naini Tal the admission rate, 1241·0 per 1,000, though above that for 1893 by as much as 505·0, is below the average rate by 327·7. The remaining three stations gave ratios comparing favourably with both those for the preceding year and with the average rates, as follows:—Landour, 1130·7 per 1,000, lower by 353·6 and 511·5; Pachmarhi, 1064·8 per 1,000, lower by 189·7 and 657·9; and Darjeeling, 975·4 per 1,000, lower by 27·0 and 209·5 respectively. As in 1893 Murree gave the highest death rate, 35·00 per 1,000, lower than in that year by 2·38 and below the decennial average rate by 1·19, while the next ratio, 27·70, occurred at Kasauli, where the rate in 1893 was 13·37, the average rate being equal to 14·54. At Landour the mortality rate, 26·14 per 1,000, was higher in the two comparisons by 19·85 and 4·51 respectively, and that at Pachmarhi, 18·52 per 1,000, was double that of the previous year, and in excess of the average by 1·60. The largest decrease is observed in the rate for Naini Tal, which is lower than in 1893 by 10·04 and below the average rate by 8·08, and at Darjeeling the ratio is lower in the two comparisons by 6·36 and 8·16 respectively, while that for Dalhousie, 22·50 per 1,000, is below that for the previous year by 1·10, but in excess of the average rate by 7·94. As in preceding years, Darjeeling, Dalhousie, and Pachmarhi were also garrisoned by a proportion of healthy men.

Of the principal hill stations garrisoned by healthy troops and having an average strength of over 150 men, Cherat, as in the previous year, gave the highest admission ratio, 1563·2 per 1,000, which is above the last year's rate by 339·1, and above the average rate for the previous ten years by 366·4 per 1,000. The next rate was at Kuldana, 1428·9 per 1,000, higher in the two comparisons by 423·0 and 305·2 respectively. The lowest rate occurred at Camp Gharial, 712·9 per 1,000, as against 1180·1 in 1893 and 936·7 the average rate, the rates next above being 886·6 and 971·7 at Camp Thobba and Chaubattia respectively, both being lower than corresponding rates in the preceding year and than the average rates for the preceding decennium. The highest mortality rate at any hill station occupied by healthy troops was 29·53 per 1,000 at Dagshai, above the last year's rate by 17·79, and in excess of the average rate by 18·85. Cherat, which furnished the highest ratio in 1893, came next with 22·17 per 1,000, comparing favourably with 40·17 in that year, though 4·40 above the decennial average rate. There was no mortality at either Khyra Gali, Camp Topa, or Bhagsu, and low ratios occurred as follows:—Chakrata, 3·02; Chaubattia, which stood lowest in the year before, 3·53; and Jutogh, 4·31.

In Abstract XLI. will be found the more important of the statistics of sickness and mortality of the different arms of the service as well as of the individual corps which served in the Command during the year.

The average strength of the cavalry was 3,650, and there were 5,061 admissions into hospital and 49 deaths in the command, the average number of men constantly inefficient on account of sickness amounting to 305·61, equal to ratios of 1386·6, 13·42, and 83·73 per 1,000 respectively. Compared with corresponding figures for 1893 the admission ratio has increased by 23·5, but the mortality and constantly sick rates have declined by 8·12 and 3·43 respectively. The average sick time to each soldier, 30·56, and the average duration of each case of sickness, 22·04 days, are shorter than in the previous year, the former by 1·25 and the latter by 1·30 days.

In the artillery, with an average strength of 6,927, there were 10,972 admissions into hospital, 147 deaths, and 626·29 men were constantly sick, engal.

giving ratios of 1583·9, 21·22, and 90·41 in each instance. Compared with the ratios for the previous year there is an increase in admissions equal to 96·9 per 1,000, one in mortality of 5·39, while the ratio of constant inefficiency through sickness is higher by 7·59. The average sick time to each soldier was 33·00 and the average duration of each case of sickness 20·83 days, higher than in the year preceding by 2·77 days and half a day respectively.

The infantry had an average strength of 32,059, with 51,796 admissions into hospital, 595 deaths, and 3093·02 men constantly sick, or ratios of 1615·6 per 1,000 for admissions, 18·56 for mortality, and 96·48 for constantly sick, greater than in 1893 by 106·2, 5·51, and 3·74 respectively. The average sick time to each soldier, 35·21 days, was 1·36 days longer, and the average duration of each case of sickness, 21·80 days, was shorter by ·63 of a day than in the year preceding.

The following table shows, as far as possible, the statistics of sickness, mortality, and invaliding, among the troops according to age:—

Age.	Average Strength.	Admissions.	Deaths.	Invaliding.	Ratios per 1,000 of Strength.		
					Admissions.	Deaths.	Invaliding.
Under 20 years - -	1,111	1,259	12	17	1133·2	10·80	15·30
From 20 to 25 years -	22,044	45,708	514	645	2073·5	23·32	29·26
„ 25 „ 30 „ -	16,149	19,250	228	298	1192·0	14·12	18·45
„ 30 „ 35 „ -	3,540	2,226	49	64	628·8	13·84	18·08
„ 35 „ 40 „ -	983	464	13	27	472·0	13·22	27·47
40 years and upwards -	236	137	5	5	580·5	21·19	21·19
Not stated - - -	97	86	—	—	—	—	—
Total - -	44,160	69,130	821	1,056	1565·4	18·59	23·91

The ratio of admission among men under 20 years of age was 1133·2, and the highest ratio at any period of age was 2073·5 per 1,000 among men between 20 and 25 years; in the three succeeding quinquennia a steady decline is observed, the ratios being 1192·0, 628·8, and 472·0 per 1,000 among men between 25 and 30, 30 and 35, and 35 and 40 years of age respectively, the ratio for men over 40 years of age rising to 580·5. Exactly the same sequence of ratios occurred in the previous year, when, however, they were generally lower than in the year under report. The greatest increase of admission rate was in men under 20 years of age, 192·6 per 1,000, that among those in the next quinquennium being equal to 169·3 per 1,000, that among men between 35 and 40 to 37·6 per 1,000, and among men from 30 to 35, and over 40 years, the ratios have risen by 4·9 and 2·9 per 1,000 respectively. The only instance of decrease was 16·7 in men between 25 and 30 years of age. The ratios of mortality followed a similar sequence to those of admission, that of men under 20 years of age being 10·80 per 1,000, rising to 23·32 among men between 20 and 25 years, after which the rates declined to 14·12, 13·84, and 13·22 among men between 25 and 30, 30 and 35, and 35 and 40 years, again rising among men over 40 years of age to 21·19 per 1,000, dependent upon 5 deaths in a comparatively small average strength. In the preceding year the ratios followed a somewhat similar course, but that among men between 30 and 35 years of age was higher than that of those in the preceding age period.

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The following table is given to show as far as possible the influence of length of service in the country on the sickness, mortality, and invaliding among the troops :—

Length of Service in the Country.	Average Strength.	Admissions.	Deaths.	Invaliding.	Ratios per 1,000 of Strength.		
					Admissions.	Deaths.	Invaliding.
Under 1 year - -	6,469	14,085	222	171	2177·3	34·32	26·43
From 1 to 2 years -	7,331	13,190	149	250	1799·2	20·32	34·10
„ 2 „ 3 „ -	8,827	13,586	135	204	1539·1	15·29	23·11
„ 3 „ 4 „ -	7,015	10,659	120	147	1519·5	17·11	20·96
„ 4 „ 5 „ -	6,100	7,804	78	123	1279·3	12·79	20·16
„ 5 „ 10 „ -	7,134	8,973	98	141	1257·8	13·74	19·76
10 years and upwards -	1,187	747	17	20	629·3	14·32	16·85
Not stated - -	97	86	2	—	—	—	—
Total - -	44,160	69,130	821	1,056	1565·4	18·59	23·91

It will be observed that while men with less than one year's Indian service furnished the highest admission rate, the ratios of the succeeding periods gradually diminish. In the preceding year the highest ratio occurred among men in their third year, with a subsequent decline through the succeeding periods. Comparing the admission rates of the two years it is found that there was a decline of 256·4 per 1,000 in that of men in their third year of service, but an increase in all the others, notably 469·1 among men with less than one year, 174·7 among men of between five and ten years, and 145·9 among men in their second year in the country. With regard to mortality, the highest ratio was among men in their first year, and next among men in their second year. The ratio further declined among men in their third year, but rose among men in their fourth year, falling again to the lowest among men in their fifth year, after which period a steady rise is observed. In the preceding year, the highest rate occurred also among men with under one year's service, but the lowest was among those who had been ten years or more in India, and the sequence of ratios was not similar to those in the year under report. Compared with the corresponding figures for 1893, all the mortality rates given in the foregoing table show an increase, the greatest being 9·44 among men under one year, followed by 7·60 among those in their second year, 6·16 among men with ten years and upwards, and 5·70 among those in their fourth year of service in the Command.

In Abstract XV. will be found a table showing the admissions, deaths, invaliding, &c. according to the different groups and orders of diseases, and in Abstract XVI. will be found the sickness and mortality from the same in each of the military districts of the Command.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—*Eruptive Fevers* caused 19 admissions into hospital, one of which was for small-pox at Nowgong, the remainder including 6 cases of measles, 5 of scarlet fever (one each at Bareilly, Jhansi, Muttra, Chakrata, and Peshawar), 4 of epidemic rose rash, 2 of chicken-pox, and 1 of cow-pox. The ratio of admission for small-pox was ·02 against ·3 in the previous year, and ·8 the average ratio for the preceding eight years. The mortality was *nil* as compared with ·05 in 1893, and ·08 per 1,000, the octennial average rate.

Enteric fever.—This disease caused 1,069 admissions into hospital, 300 deaths, and the constant sickness of 152·36 men, being in the ratios of 24·2, 6·79, and 3·45 per 1,000 respectively. Compared with similar ratios for the preceding year, the admission rate has decreased by ·8, and the constantly sick rate by ·37, while the ratio of mortality is higher by ·37 ; in comparison with the average rates for the previous eight years, increase is observed in all, equal to 2·0 in the case of admissions, ·99 in that of mortality, and ·25 in the gal.

rate of constant inefficiency. The per-centage of mortality to attack was 28·0, as compared with 25·6 in 1893, the average per-centage for the previous eight years being 26·2. In Abstract XVIII. the occurrence of enteric fever at each station and in each quarter of the year is shown. As in the three previous years, the second quarter had the largest number of attacks and deaths, the third, fourth, and first quarters following in the order named. The per-centage of mortality to attack was highest in the third quarter, 34·6, followed by the fourth, second, and first quarters with 26·4, 25·8, and 19·7 respectively; in the last year the highest per-centage was in the second quarter, followed by the third, fourth, and first quarters in sequence.

The disease occurred in every district, and with five exceptions, in every station in the Command, no case being recorded at either Gnathong, Sipri, Murree, Khyra Gali, or Kalabagh. The highest ratio of admission was 47·4 per 1,000 in the Sirhind District, which stood second in 1893 with a ratio of 37·9, followed by 41·1 in Peshawar, an increase of 13·1. The Rohilkhand District came next with 27·9, a fractional decrease on the previous year's rate, and a ratio of 27·5 per 1,000 is observed in the Meerut District, a fractional increase; in the Bundelkhand District, which stood highest in the year before, the rate was 23·3, a decrease of 15·9. The lowest ratio, 7·1 per 1,000, is shown by the Presidency District, which was lowest but one in 1893 with 8·5, and the next above, 13·0, by the Rawal Pindi District, which stood third highest in the last year with 31·1 per 1,000. In the Lahore, Quetta, and Allahabad Districts the ratios are higher by 10·1, 9·0, and 4·0 respectively than those shown in the return for the previous year, when the Quetta District gave the lowest rate, while in the Narbudda district a decline of 8·8 is observed. The highest rate of mortality is again observed in the Peshawar District, 15·17 per 1,000, as compared with 12·52 in the preceding year, the next rate, 12·61, being in the Sirhind District, which stood third with 9·64 per 1,000 in 1893, followed by the Meerut District with 8·69, an increase of 2·28. Lowest of all was the rate in the Presidency District, 3·38 per 1,000, a decrease of ·89, and the next above, 3·61, in the Quetta District, which occupied the same relative position in the previous year with 2·38. In the Allahabad District, which was lowest last year with 2·00 per 1,000, the mortality rate equalled 5·34, and in the Oudh, Lahore, Narbudda, and Rohilkhand districts, an increase equal to 2·83, 1·86, 1·26, and ·29 respectively has occurred, while the Bundelkhand and Rawal Pindi Districts which stood second and fourth in the year before, now show ratios of 5·41 and 4·32 as compared with 12·47 and 8·74.

The station at which the greatest number of cases occurred was Meerut, where among the men there were 78 with 27 deaths. Monthly, the admissions were in January, 3; February, 2; March, 6; April, 7; May, 16; June, 3; July, 2; August, 10; September, 9; October, 4; November, 4; December, 12.

Admissions by corps :—

5th Dragoon Guards - - - - -	28
N. Battery, Royal Horse Artillery - - -	16
C. Battery, Royal Horse Artillery - - -	6
34th Field Battery, Royal Artillery - - -	2
1st Battalion Duke of Cornwall's Light Infantry -	11
1st Battalion Royal West Kent Regiment - -	13
Attached men of other corps - - - -	2

The medical officer writes:—"As to the causation of the enteric fever of "our returns, we have not been able to trace a single case to any defined "circumstance or condition."

At Umballa there were 68 admissions with 20 deaths. Monthly the admissions were in January, 7; February, 1; April, 4; May, 12; June, 3; July, 14; August, 12; September, 4; October, 7; November, 4.

The medical officer considers that the character of the water supply excludes "water-borne typhoid" as the explanation regarding Umballa. He writes:— "In my opinion it is unnecessary to look further for the origin of enteric fever "in India than to the defective surface and subsoil drainage. After rain "especially, the soil becomes saturated with impurities, and the so-called

" surface drains choked; both of these subsequently, under a scorching sun, " give out emanations destructive of health, and afford the requisite filth " elements for the propagation and dissemination of the so-called 'pythogeine " fever' of Murchison."

At Lucknow the admissions numbered 67, and the deaths 21, as compared with 73 and 11 in 1893. The admissions by months were in January, 2; March, 4; April, 7; May, 13; June, 4; July, 7; August, 7; September, 5; October, 5; November, 3; December, 10.

And by corps:—

16th Lancers - - - - - - -	7
K. Battery, Royal Horse Artillery - - -	4
No. 2 Field Battery, Royal Artillery - - -	11
2nd Battalion, Royal Irish Regiment - - -	10
1st Battalion, East Lancashire Regiment - -	29*
2nd Battalion, Essex Regiment - - -	5†
Other corps - - - - - -	1

The medical officer is of opinion that the high death rate points to many mild cases of enteric fever having been returned as simple continued fever, remittent fever or ague. He remarks that notwithstanding the introduction of pure municipal water in August, and the care with which each corps has provided a well-kept dairy, it is disheartening to find enteric fever amongst the troops almost as rife as ever. He writes:—" The barracks and lines of the " troops are exceedingly well kept, the drinking water is now pure, the milk " and butter supply good, the latrines are clean, the dry earth system is well " carried out, and the soldier is supplied with good clean food. Within the " regimental lines there is no insanitary influence which could cause the " disease. Without the lines things are different; the cantonment bazar " has grown to the proportion of a small city; it is crowded with natives of " all classes and their dirty surroundings; there are various attractions to the " soldier in the shape of billiard rooms, eating shops, prostitute's quarters, " &c., which afford ample opportunity of exposing himself to infection of all " kinds; he is furnished with refreshing drinks, such as bazar-made mineral " waters, and with doubtful food of various kinds, and from the number of " men who frequent the bazar it is apparent that he avails himself fully of the " opportunity of infection there placed at his disposal. The city of Lucknow " and its various dirty suburbs are also open to him, and on Sundays and " Thursdays he flocks to their insanitary quarters; the appalling number of " admissions for venereal disease (1,534) shows where he spends his leisure " hours. It does not appear unreasonable to suppose that where he contracts " venereal disease he also contracts enteric fever. Efforts were made through- " out the year by an examination into the history of each case, to ascertain " if possible some exact cause for the infection, but little success crowned these " efforts, as within the lines there appeared to be no common cause for the " disease; without the lines the causes are, alas! too numerous, and the " difficulty of investigation too great to arrive at anything that could be called " a definite conclusion."

At Dagshai there were 61 admissions with 18 deaths, as compared with 54 and 9 in 1893. By months the admissions were, in March, 1; April, 8; May, 16; June, 15; July, 6; August, 11; September, 3; October, 1. Thirty-five of the cases were in men who had been less than one year in India. The medical officer considers that youth and recent arrival in India were the great predisposing causes, and is of opinion that the near situation of the night soil trenches to the barracks had an injurious effect on the general health of the troops, the men's constitutions being thus rendered less resistant to the attack of any disease. He remarks on the absence of the disease in the winter, and how it appears soon after the arrival of the headquarters of the regiment from the plains. He states that in 1894, as in 1892, the first cases were imported, and is of opinion that the disease may be spread by men using the same latrine as recently used by others in the early stage of the disease.

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* Left the station on 28th November.
† Arrived at the station on 28th November.

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The whole question of the probable cause of enteric fever at Dagshai was thoroughly gone into in the report for 1893, and no fresh evidence regarding it has since been brought to light. It was therein shown that the contamination of the hill side with night soil for years past must have been very great, and consequently since that report was written representations on the subject have been made, with the result that a sum of money has been provided for incineration as a means of destruction of night soil during 1895–96. It is hoped that this may have the effect of lessening the number of cases of enteric fever, which have been so numerous during the past three years.

At Mian Mir there were 60 admissions and 14 deaths, as compared with 4 and 3 in 1893. The first case occurred in January in a man of the King's Own Scottish Borderers. The second was admitted shortly after the Argyll and Sutherland Highlanders arrived off the march in February; there were not any cases in March. In April the disease appeared among the men of No. 24 Field Battery, Royal Artillery; 11 cases occurred, 7 in the battery and 4 in the Argyll and Sutherland Highlanders. In May there were 37 cases, 15 in No. 24 Battery, 8 in No. 46 Battery, Royal Artillery, 13 in the Argyll and Sutherland Highlanders, and one in the military prison. The outbreak began to decrease in June when there were 6 cases, 5 of which were from the Argyll and Sutherland Highlanders, and one from No. 24 Battery. One fatal case occurred in July in a man of the 21st Company, Southern Division, Royal Artillery, on furlough from Allahabad, and one fatal case occurred in December in a man of the 71st Battery, admitted from Camp Muridki. The Artillery, especially No. 24 Battery, suffered most severely, but the outbreak was not confined to any particular arm of the service, and the general incidence led to the suspicion that the water supply was the cause. Although chemical analysis did not reveal anything wrong with the water, bacteriological examination did not give such satisfactory results regarding either the water in the canal before admission to the water works or after its passage through them. Examination of the waterworks showed that they were not in a satisfactory condition, so energetic measures were taken to remedy the defects noticed, and meanwhile the drinking water was boiled, with the result that the outbreak ceased. No cause for the excessive prevalence in the Artillery was discovered; it was thought that No. 2 barrack, Royal Artillery lines, might have had some connexion with the outbreak, as from it most cases from No. 24 Battery came, and the men living in it complained of bad smells. The floor, which consisted of old and worn-out bricks, was taken up, and a trench about 6 feet deep was cut through soil underneath, but nothing offensive was discovered; the floor was relaid with new bricks.

At Peshawar the cases numbered 51 and the deaths 22; in 1893 they were 24 and 13 respectively. By months the admissions were, in March, 1; April, 1; May, 6; June, 20; July, 9; August, 10; September, 1; November, 1; December, 2. Forty-one of the men attacked were under 25 years of age, and 16 had less than 12 months' service in India; 9 of the latter died. No cause for the occurrence of the disease could be discovered.

At Agra there were 45 cases with 7 deaths, as compared with 48 and 14 in 1893. Thirty-two of the men attacked belonged to the East Surrey Regiment, 12 to the Royal Artillery, and one was in the military prison. January was the only month in which there was not a case admitted, the months of greatest prevalence being August, 10 admissions; September, 9; and April and November, 8 each. The medical officer remarks that enteric fever is as prevalent as before the introduction of the very pure municipal water supply, and is of opinion that in many cases it is contracted at the same time and in the same place as venereal disease.

At Bareilly 40 men were admitted and 6 died, as compared with 26 and 4 in 1893. Three were admitted in January, one each in February and March, 6 in April, 5 each in May and August, 2 in September, 10 in November, and 7 in December. The medical officer writes:—"During the month of November
"and the early part of December, there was an outbreak of enteric fever in
"the Hampshire Regiment, which arrived by march from Ranikhet in two
"parties, one on the 27th and the other on the 29th of October. From the
"9th November, the date of the first, to the 8th December, the date of the
"last admission, there were 11 cases with 3 deaths. The peculiar feature of
"the outbreak was that those attacked were not, as usually is the case, very

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“young men, new to the country, but were more or less seasoned soldiers. Only one of these men was under 22 years of age, and only two had less than 12 months' service in India; and the fatal cases were all in men who had been over two years in the country, one having been 6 and another 5 years. The cause of the outbreak was not ascertainable; it could not be traced to anything existing in the camp; the water, milk, and food supplies were all above suspicion, and the sanitary condition of the camp was satisfactory. In several of the cases there was a strong probability that the disease was contracted outside the camp. Of the fatal cases two were in men who were constantly out shooting in the jungle, and had probably drank impure water; and the third occurred in a man who was known to spend his leisure time in the bazar. Three other cases occurred in patients recently admitted into hospital suffering from venereal disease, and who had probably contracted the two diseases at the same time. It is thought that some of the earlier cases were contracted on the march down from Ranikhet.”

At Nowshera there were 39 cases, with 14 deaths, as compared with 16 and 8 in 1893. 13 were admitted in April, 16 in May, 9 in June, and 1 in October. The cases were distributed over all the companies of the regiment. 14 of the men were between 20 and 21 years of age, and 12 between 22 and 23. 18 men were attacked who had been less than 12 months in India, and 10 who had been over one and under 2 years in the country out of an average strength of 51 and 47 for the two periods respectively. Careful inquiry seemed to point to contamination of the water supply, which is from wells, and chemical analysis of samples showed many of them to be of suspicious quality. Consequently, on the 8th of May, all the wells, except that in the hospital compound, were closed, and all drinking water taken from this well was boiled. As 19 cases were admitted between that date and the 18th of June, when the outbreak ceased, the medical officer considers it necessary to assume that the water supply was not the only source of the infection, and he remarks: “The history of this outbreak, as of others in this country, seems to point to the operation of a more general cause. It seems probable that the germs of the disease are always present in cantonments; that with the commencement of the hot weather they undergo a greater or less development, according to the varying abundance of the culture media, such as may easily be supposed to arise from defects in the working of the system of removal of excreta, &c., and that they are carried in the air or conveyed by flies to articles of food.”

At Quetta the cases numbered 38 and the deaths 8; in 1893 they were 17 and 5 respectively. The medical officer writes: “There was nothing defective in the sanitary condition of the barracks to cause the disease, and although the exact cause cannot be localised, it is believed the disease was contracted in the bazar. It was general all over the station, not confined to any particular corps, and was prevalent, more or less, throughout the year, February being the only month in which there was not an admission. The cases were principally among young soldiers and recent arrivals.”

At Subathu 38 men were admitted and 6 died, as compared with 14 and 4 in 1893. The regiment arrived in India from Gibraltar in January, and at Subathu in March; received a draft from England in April, and also one from the 2nd Battalion from Madras. Out of an average annual strength of 365 men of under one year's service in India, there were 35 cases; whereas out of an average annual strength of 99 men of over one year's service in the country there were only 3 cases; thus showing plainly how recent arrival in India is a predisposing cause.

At Rawal Pindi the cases numbered 35 and the deaths 8, a marked contrast to 1893, when they were 94 and 29 respectively. By months the admissions were—in January 1, March 3, April 3, May 5, June 3, July 1, August 1, September 1, October 3, November 7, December 7. Of those which occurred in November, 6 were in men just arrived from England, and who, probably, contracted the disease on the journey up country. The cases in December were confined to the Gordon Highlanders and Rifle Brigade, the former had just marched to and from Mian Mir and the latter from Peshawar. The medical officer writes: “Enteric fever can hardly be called endemic in the station since the introduction of the new water supply, and it was imme-

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"diately following this introduction that the marked decrease in the number "of enteric cases commenced. In many instances, also, those attacked had "but recently arrived in the country, as, for instance, the 4th Dragoon "Guards, who had 4 admissions immediately, or very soon after, arrival, "and none since. I believe all these cases to have been almost certainly "acquired on the journey up country. In a few other cases, I think, the "disease was probably due to having lately passed through some dangerous "locality, such as the bazar at Tret, or perhaps Baracao, where the water "supply is not above suspicion. There are still some cases remaining unaccounted for, but the closest inquiry failed to connect them with any "insanitary condition of the station itself. So much for the new supply of "pure water. I may mention incidentally that the use of filters has been "discontinued since the early summer, and the water is now brought in metal "buckets straight from the stand-pipes to the closed receptacles used for "drinking water."

32 cases with 9 deaths are recorded at Cherat, where in 1893 the numbers were 36 and 13. Of the cases, 6 appeared in May, 13 in June, 10 in July, and 3 in August. The medical officer remarks: "Soon after the arrival of "the troops in Cherat the disease made its appearance and quickly assumed "the proportions of a sharp outbreak. The infection was undoubtedly introduced by the detachment of the 1st Battalion Bedfordshire Regiment, which "arrived in May from Nowshera, where enteric fever was very prevalent, and "the first cases which occurred among the headquarters of the Rifle Brigade "and the detachment, 1st Battalion King's Royal Rifles, showed that amongst "them also the disease had been contracted in the plains. No connexion "between any of the cases could be traced, nor could any special insanitary "condition be discovered which would account for their occurrence."

At Allahabad there were 29 cases with 4 deaths; the numbers in 1893 having been 21 and 3; in 1892, 22 and 4; in 1891, 21 and 4; and in 1890, 25 and 10; a remarkable similarity of prevalence. No cause for the disease could be discovered: the water supply is excellent, and there is a Government dairy, from which milk and butter supplies are obtained. In 12 instances the men attacked had been only a few months in the country.

At Dalhousie 26 men were admitted, of whom 11 died: in 1893 the numbers were 18 and 6. By months the admissions were—In April 8, May 8, June 7, August 2, October 1. 11 of the cases were admitted from the standing camp and 9 from the depôt barracks. The medical officer is of opinion that 11 of the cases were contracted on the line of march to Dalhousie, the men having been admitted within a month of arrival, and some having been sick on reaching the station.

At Ranikhet there were 25 cases with 3 deaths, as compared with 27 and 2 in 1893. Monthly the admissions were—in May 4, June 9, July 5, August 2, September 3, and October 2. 11 cases occurred in men who had been less than six months in India. The medical officer remarks: "The troops arrived "from the plains in March. The first cases appeared in May. This excludes "any probability of imported cases, and contrasts with the history of enteric "fever in 1893. . . . . The four chief points of resemblance between "1893 and 1894 are (1) general distribution amongst corps, though the "sources of drinking water for the men occupying the Kanpur barracks, "and those in the standing camp, are different; (2) preponderance of cases in "the month of June; (3) youth of the victims; (4) short period of service in "India." He comes to the conclusion that most, if not all, the cases were contracted while the men were outside cantonments, and writes: "Men go out in "large numbers for recreative purposes, *i.e.*, shooting, butterfly catching, &c., "and travel miles down the khuds, where the water is naturally impure. "The greater frequency of cases in June, when the supply of drinking water "for barracks is low, does not altogether oppose this view, as the same causes "operate in producing a still more impure water at lower levels; and, owing "to the heated condition into which the men get from their exertions, the "temptation to quench their thirst at casual streams is increased."

At Cawnpore the cases numbered 23 and the deaths 4; in 1893 the numbers were 9 and 3 respectively. 7 cases were admitted in April, 5 in May, 4 in August, 2 in November, and one each in February, March, June, July, and September. The medical officer observes that the large number of cases in

April and May corresponds with the general increase throughout India, and remarks that it is in these months that the men who frequent the city and bazars, drink large quantities of water there to quench their excessive thirst. He states that of the 4 cases admitted in August, 3 occurred in men of the Royal Artillery, who used to go frequently to a village and drink water supplied by a jogee (gipsy); and that this water, when examined, was found to be anything but clean.

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At Benares 22 men were admitted, of whom 8 died, as compared with 9 admissions and one death in 1893. 14 of the cases occurred in men who had been only a few months in India. No cause for the disease could be discovered.

At Jubbulpore there were 22 cases with 4 deaths; in 1893 the numbers were 32 and 5. Out of an average annual strength of 15 men of under 12 months' service in India, there were 12 admissions, whereas out of an annual average strength of 839 men who had been over 2 years in the country, there were only 4 admissions. The medical officer writes: "It is difficult to assign "any cause; the water obtainable is very good, and there are not any sanitary "defects appreciable."

At Sialkot the cases numbered 22, and the deaths 6; a marked reduction from 1893, when the numbers were 51 and 10. Half the cases occurred in the months of May and June. No cause for the disease could be discovered.

At Fyzabad there were 20 cases with 4 deaths; the numbers being nearly similar to those in 1893, when they were 23 and 4. 14 of the admissions occurred in the months of April and May; thus the disease was most prevalent in the hot dry months.

19 men were admitted at Shahjahanpur, and of these 5 died. The medical officer is not able to assign any cause; he reports that the drink and food supplies are good, though the milk is sometimes open to suspicion.

At Ferozepore 19 cases, 7 fatal, are recorded. 9 of the admissions were of men who had not been a year in India. The medical officer is of opinion that the disease is contracted by drinking impure water in the bazars.

At Chakrata there were 13 cases with one death. 9 of the men had been less than one year in India; 9 were admitted within 21 days of arrival at the station, and the medical officer, therefore, strongly suspects the disease was contracted on the line of march; he remarks that on the march in warm weather soldiers, particularly the recently arrived, are not particular as to the water they drink.

At Multan 14 men were admitted, and one died. Of the cases, 7 occurred in April, 3 each in May and September, and one in December. No cause for the disease could be discovered.

At Muttra the cases numbered 12, and the deaths 2, as compared with only two cases in 1893. Three of the men attacked ascribed their illness to drinking impure milk when out shooting. The medical officer considers that drinking impure water in the bazar was the cause of the other cases.

At Solon there were 11 admissions with two deaths. 7 of the cases were admitted in May, one each in June and July, and 2 in September. All the first 9 cases occurred in men living in the Dagshai range of huts or in tents pitched close to these huts. On the north side of this range and about 200 yards below the huts is the site of some filth pits which had been in use for many years. The soil there is very rocky and the space available for trenches quite exhausted. The medical officer attributed these 9 cases to the proximity of the trenches. Consequently the trenching of night soil on this site was discontinued towards the end of June, and a fresh site was selected at a considerable distance from the huts. Subsequent to this action no further cases occurred among these men. In September two cases were admitted from the huts on the Subathu range, and no cause for their occurrence could be discovered.

At no other station did the number of cases exceed 10. The following extracts from the reports of some of these stations give all the information necessary about them.

At Dum Dum seven cases, 5 fatal, are recorded. The medical officer ascribes as the cause: 1st. The numerous small "bustees" in cantonments, it being more convenient for men to get "pop," milk, and butter from these "bustees," which

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are in an insanitary condition, than from the Sadr Bazar. 2nd. The numerous tanks in cantonments which are receptacles for filth of every description.

Seven cases with three deaths occurred at Jhansi. The medical officer considers that at least 3 of the cases were contracted before arrival at the station, one at Nowgong, and 2 on the journey from Bombay on arrival from England. He contrasts the small number of cases with former years, 1889, 32; 1890, 33; 1891, 13; 1892, 45; 1893, 28; notwithstanding the fact that in 1894 there was a larger proportion of recent arrivals from England than in any of the years mentioned. He ascribes the immunity, 1st, to the strict maintenance and extension of the sanitary precautions inaugurated the previous year, viz., the mode of carrying water from wells to the barracks in galvanized iron buckets instead of in mussacks, and the restrictions imposed on the sale of mineral waters in cantonments; 2nd, to the general indifferent health (ague) of the younger soldiers, which rendered them less inclined to wander beyond cantonments and quench their thirst at village wells or other doubtfully pure sources of water supply. In the Sadr Bazar, one manufacturer of mineral waters whose factory used to be in close vicinity to the cabstand and to a condemned well, and who was refused permission to vend his waters in cantonments, removed his factory to a cleaner and better site in the vicinity of an excellent well, and was then permitted to sell his wares.

At Jullundur there were six cases, 3 fatal. The medical officer considers that enteric fever is nearly always contracted in bazars, &c.; and in support of this opinion states that one man was admitted suffering from primary syphilis and enteric fever at the same time, having probably contracted both diseases at the same place.

Six cases occurred at Bara Gali, one being fatal. The men arrived in the station from Rawal Pindi on 11th May; the first case was admitted on the 19th of that month, and the last on the 12th June. All the men had been feeling unwell for some days before admission, and some of them even before or immediately after arrival at the station. The medical officer is of opinion that, in all these cases, the disease was contracted on the march, and in support of this opinion writes:—"It is important to note that in all the cases of "enteric fever in this battery, 6 in number, the men attacked partook of iced "lemonade in a native house in the Baracao Bazar. Of the 6 patients, two who "acted as cooks, preceded the battery on the previous day from Rawal Pindi "and drank freely of this iced lemonade, and in both cases this was followed "by nausea, retching and vomiting, with headache and malaise later on. "From statements made it appears this lemonade had little effervescence, "smelt and tasted sour, and was turbid. Two others drank milk at Baracao, "and two drank from a polluted stream at the same place."

Simple Continued Fever.—For this disease there were 822 admissions into hospital, and the average number of men constantly sick was 40·70, being in the ratios of 18·6 and ·92 per 1,000 respectively, the former being 1·7 and the latter ·15 less than the corresponding rates of the preceding year; compared with octennial average rates the decrease was 43·9 in the admission, and 1·37 in the constantly sick rate. There was no death under this head. The highest rate of admission, 75·3, occurred, as in the two previous years, in the Bundelkhand District, the ratios for 1892 and 1893 standing at 173·9 and 72·2 per 1,000 respectively, followed by 55·4 in the Quetta District, which in the year before gave the low rate of ·5, the next being 23·7 in Rohilkhand, an increase of 4·0. The lowest rate, ·3 per 1,000, is recorded in the Peshawar District, as compared with *nil* in 1893, and ratios of 4·2, 5·7, and 6·6 are observed in the Allahabad, Meerut, and Narbudda Districts, the respective rates for the year before being 5·6, 15·5, and 1·5 per 1,000. In the Presidency District the admission rate for these fevers has increased from 2·1 per 1,000 in 1893 to 22·6 in the year under report.

Cholera caused 205 admissions and 146 deaths, the equivalent ratios being 4·6 and 3·31, which are higher respectively than those in the preceding year by 4·4 and 3·19 per 1,000, and by 2·4 and 1·81 than the average rates for the previous eight years. Abstract XIX., taken from the report of the Principal Medical Officer, shows the stations at which cholera occurred in each quarter of the year. It will be seen that 192 cases, with 136 deaths, occurred in the

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third quarter; 8, with 5 deaths in the second; 4 cases, all fatal, in the fourth; and one fatal case in the first quarter.

The station at which the greatest number of cases occurred was Lucknow, where there were 144 with 97 deaths. Of the men attacked 138 belonged to the East Lancashire Regiment, 4 to the Royal Horse Artillery, and two to the Royal Artillery. There were not any cases in the 16th Lancers or Royal Irish Regiment. A special committee was convened to investigate this outbreak, and submitted a full report on the subject. With regard to the probable cause of the cases in the Artillery no definite conclusion was arrived at, but regarding the severe outbreak in the East Lancashire Regiment the committee was of opinion that the sand in the filter bed attached to the two wells from which the régiment obtained drinking water was contaminated with the microbe of cholera, either at the place it was obtained from or by the coolies who placed it in the filter tank, and that subsequently these microbes continued to breed in the Macnamara filters used in barracks. At Dinapore 19 cases with 16 deaths occurred in July and August. The companies first attacked were moved into camp in cantonments, but as this proved unsuccessful in checking the disease the Manchester Regiment was moved to Camp Bilita, a distance of about 14 miles from cantonments. Two cases occurred soon after arrival in camp and then the outbreak ceased, the move having a most beneficial effect on the health of the men. The battery Royal Artillery was moved into camp in cantonments, and had not any cases subsequently. At Cawnpore there were 19 cases with 13 deaths. 7 of the cases were admitted in June, 6 in July, and 6 in August. Mr. Hankin, bacteriologist to the Government, North-Western Provinces, made an examination of samples of the drinking water and some of the food supplies. He found virulent vibrios in some water taken from a drain leading from a cookhouse in barracks; in some boiled milk which was intended for the men on guard; and also on a piece of meat. Around and in the milk in question were many flies, and it is supposed that these flies had previously settled on some cholera dejecta and then carried the microbe to the cookhouse. Moves into camp invariably proved successful in stopping the spread of the disease. At Allahabad the cases numbered 11 and the deaths 10. One case occurred in February at the time of the "Kumb Mela" (fair). Towards the end of July there was a sharp outbreak. The disease was at the time prevalent in the city and neighbouring villages, where it had been smouldering since the fair above-mentioned. At the time of the outbreak in barracks there was a long break in the rains, with great heat, after an abnormally heavy fall of rain at the commencement of the monsoon. The removal of the infected body of troops into sanitary camps effectually checked the spread of the disease. A fatal case occurred at each of the following stations: Dum Dum, Fort Allahabad, Benares, Sitapur, Fatehgarh, Shahjahanpur, and Roorkee; and there was an admission each at Umballa and Moradabad. For troops on the march 3 cases, all fatal, are recorded.

Dysentery.—There were 1,150 admissions for dysentery and 32 deaths, being in the ratios of 26·0 and ·73 per 1,000, which are higher respectively by 3·7 and ·24 than the preceding year's rates, and also higher than the octennial average by ·9 and ·12 per 1,000. The number of men constantly sick was 90·84, giving a ratio of 2·06 per 1,000, as against 1·68 in the previous year, and 1·66 the average of the preceding eight years. Abstract XX. shows the prevalence of this disease in each military district of the Command, and Abstract XXI. its prevalence in each quarter of the year. The highest admission rate, occurring in the Presidency District, was 53·0, which is an increase of 13·1 on the preceding year's rate, the second being 49·6 in the Allahabad District, an increase of 16·4, and the third 27·0 in Bundelkhand, an increase of 6·1. In the previous year the highest rates were also in the two first-named districts, but the third was in Rohilkhand. The lowest ratio, 13·5 per 1,000, is observed in the Rawal Pindi District, as compared with 15·4 in 1893, the next above being 16·5 in Peshawar, which was lowest in the year before, when the ratio was only 5·9. Mortality was again highest in the Presidency District, 1·50 per 1,000, as compared with 1·07, and next in the Oudh District, 1·19, as against ·20 in the last year. The lowest ratio was ·30 in Rohilkhand, a decrease of ·02, next above being ·41 in the Lahore District,

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·63 less than in 1893. In the preceding year no mortality occurred in the Narbudda, Bundelkhand, or Peshawar Districts, which now show ratios of ·73, ·83, and ·67 per 1,000 respectively. Comparing the four quarters of the year as to seasonal prevalence of the disease, the highest admission ratio, 8·8 per 1,000, is met with in the third, followed in order by 7·2 in the fourth, 5·7 in the second, and 4·4 in the first quarter. In the previous year the lowest rate was also in the first quarter, but no other similarity is found. Mortality was highest, ·44 per 1,000, in the third, next, ·14, in the fourth, ·09 in the first, and ·04 in the second quarters, differing entirely from the sequence in 1893.

The *other diseases* of this sub-group included 153 cases of influenza, 6 of mumps, and one fatal case of diphtheria, a total of 160 cases with 1 death, the equivalent ratios being 3·6 and ·02, as against ·2 and *nil* in the previous year, when only 2 cases of influenza were recorded.

Malarial Fevers.—Under this head are included 19,918 admissions and 11 deaths due to ague, 458 cases of remittent fever with 18 deaths, and 544 cases of malarial cachexia, making a total of 20,920 admissions and 31 deaths, including those of two invalids who had left the Command (due in one case to ague and in the other to malarial cachexia), with an average constantly sick of 701·04 men from these causes. The ratio of admission, therefore, was 473·7 per 1,000, that of mortality ·70, and of constantly sick 15·87. The admission rate was 50·8 per 1,000 higher than that of the preceding year, and 81·6 above the octennial average rate; the death rate was lower than in 1893 by ·27, and below the average of the preceding eight years by ·07, while the constantly sick rate was higher by ·67 and 3·54 respectively in the two comparisons. The greatest ratio of prevalence of these diseases in any district was 1169·9 per 1,000 in Peshawar, in excess of the previous year's rate by 78·6, the Quetta District, which was highest in 1893, coming next with 911·7, a decrease of 277·1, Lahore being again third with 911·5, an increase of 131·3. The lowest ratio, 121·0 per 1,000, occurred in Rohilkhand, which stood lowest but one last year with 113·1; next above came 152·9 in Oudh, which gave the lowest rate the year before, an increase of 46·9. In the Presidency and Sirhind Districts the ratios equalled 260·2 and 246·2 per 1,000 respectively, the former being lower by 116·0 and the latter higher by 99·5 than in 1893. In the Bundelkhand and Narbudda Districts the ratios have increased by 203·8 and 187·8 per 1,000. Of the 29 deaths in the Command, 8 occurred in the Peshawar District, 5 in the Lahore District, 4 in the Rawal Pindi District, 3 in the Meerut District, 2 each in the Narbudda and Oudh, and 1 in the Presidency, Allahabad, Rohilkhand, Bundelkhand, and Sirhind Districts respectively.

Septic Diseases.—There were 114 admissions and 5 deaths, including 110 cases, 4 fatal, of erysipelas, 2 of septicæmia, and 2, one fatal, of pyæmia. The ratio of admission was 2·6, against 1·7 per 1,000 in the preceding year and 2·0, the octennial average, and that of mortality ·12, as against ·09 and ·11 per 1,000 respectively for those two periods. The district contributing the largest number of cases was Rawal Pindi with 35, followed by Peshawar with 14 and Sirhind with 13.

Venereal Diseases.—For *primary syphilis* alone there were 7,321 admissions into hospital, equivalent to a ratio of 165·8 per 1,000, which is higher by 49·5 than in the preceding year, and by 67·1 than the octennial average rate. The number of men constantly sick from this cause amounted to 630·39, being in the ratio of 14·28 per 1,000, which is also higher than in the year before by 4·21, and above the eight years' average by 6·27. For simple venereal ulcer there were in addition 3,430 admissions, and 306·16 men were constantly sick, making a total of 10,751 admissions for primary venereal sores, with 936·55 men constantly sick, giving an admission rate of 243·5 per 1,000, an increase of 35·2 on that in 1893 and of 64·4 on the eight years' average; the constantly sick rate was 21·21 per 1,000, an increase of 3·97 and 7·70 respectively in the two comparisons. The admissions for *secondary syphilis* were 2,940; 3 deaths were recorded, and there were 307·97 men constantly sick. The admission ratio, 66·6 per 1,000, was higher by 11·9, and that of mortality, ·07, lower by ·02, while the constantly sick rate, 6·97 per 1,000, was greater by 1·09 than in the preceding year. Compared with the average of the previous eight years the

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rates of admission and constantly sick have increased by 20·0 and 2·41 respectively, but the death rate is lower by ·03. *Gonorrhœa* furnished 8,400 admissions, or a ratio of 190·2 per 1,000, with an average constantly sick of 633·18 men, equal to 14·34 per 1,000. Here also an increase is noticed, viz.:—of 3·3 per 1,000 in the admission, and of ·39 in the constantly sick, rates, as compared with 1893, and of 17·3 and 2·10 per 1,000 respectively as compared with the octennial average. Taking all these forms of venereal disease together, the ratio of admission amounts to 500·3 per 1,000, which is more than that of the preceding year by 50·4 per 1,000, and in excess of the octennial average rate by 101·7; while for constantly sick the ratio was 42·52 per 1,000, representing a loss of 1877·70 men to the efficient strength of the force from these diseases, higher than the rate in 1893 by 5·45 and above the average by 12·21 per 1,000. Comparing next the prevalence of the different forms of these diseases in the various districts, as shown in Abstract XVI., the Rohilkhand District, as in previous years, gave the highest ratio of admission for primary syphilis, 319·5 per 1,000, exceeding that of the year before by 45·6; the next being the Oudh District with 299·3, an increase of 103·9, and the Bundelkhand district with 215·0, an increase of 69·3. The lowest rate, 37·8 per 1,000, occurred in the Peshawar District, which occupied the same position last year with 30·2; next above came 70·5 in the Meerut District, an increase of 34·5, and 119·0 in the Quetta district, an increase of 37·5 on the rate for 1893. The only district in which the admission rate for primary syphilis declined was that of Allahabad, where the rate was 65·4 lower than in the previous year; the most notable increase being that which occurred in the Narbudda District, where the rate increased from 48·5 per 1,000 in 1893 to 154·0 in the year under review. Secondary syphilis was most prevalent in the Rohilkhand District, the ratio being equal to 119·0 per 1,000, or 24·7 in excess of last year's rate. The next ratio, 98·7, occurred in the Quetta District, an increase of 53·4, followed by 86·5 in the Bundelkhand District, an increase of 52·2 per 1,000. The lowest ratio of admission was 47·1 per 1,000 in Meerut, an increase of 13·1; next above were 48·9 in the Peshawar District, an increase of 30·1, and 50·8 in Lahore, a decrease of 4·5. In the Presidency, Narbudda, and Allahabad Districts the ratios were less than in 1893 by 18·2, 22·9, and 25·6 per 1,000 respectively, but excepting the Lahore District already referred to, an increase occurred in each of the others. The highest ratio of prevalence of gonorrhœa was 276·9 in the Bundelkhand District, or 24·8 higher than in the previous year, the next 255·4 per 1,000, occurring in the Allahabad District, an increase of 3·9, followed by 236·1 in the Rohilkhand District, lower by 13·9 than in the year before. Oudh, which with 253·4 was highest in 1893, now furnishes a ratio of 201·9. The lowest admission rate was in the Quetta District, 124·8 per 1,000, an increase of 30·4, the next above being 134·9 in Peshawar, an increase of 58·3, and 147·0 in Sirhind, a fractional decrease. Among instances of increase of admission rate may be mentioned the Lahore District, where the ratio was higher by 42·3. Taking all these forms of venereal disease together, the highest rate of prevalence again occurred in the Rohilkhand District, 674·6 per 1,000, an increase of 56·4 on the last year's rate; the next ratio was 584·4, in Oudh, an increase of 60·8, followed by 578·4 in the Bundelkhand District an increase of 146·3 per 1,000. The lowest admission rate was, as in 1893, in the Peshawar District, 221·5 per 1,000, an increase of 95·9 on that year's rate, next above being 266·5 in the Meerut District, a rise of 27·8, and then 342·5 in the Quetta District, an increase of 121·3 per 1,000. The only instance of decrease occurred in the Allahabad District, the decline being equal to 87·1 per 1,000.

The Principal Medical Officer in his report presents some remarks of interest on the subject of the prevalence of venereal disease among the troops in India, from which the following is extracted:—

"Although the above figures reveal a lamentable prevalence of venereal diseases, they do not fully represent the extent of inefficiency due to secondary syphilis. In several stations medical officers adopted the plan of treatment by hypodermic injection of mercury, so strongly recommended by Surgeon-Captain Lambkin, Army Medical Staff, and many of the cases so treated were either taken into hospital for only a few days at the commencement of the treatment. Most of the medical officers who adopted this plan of treatment reported very favourably regarding it.

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"TABLE showing the number of British Soldiers serving in India on 15th July 1894, who have had Venereal Disease.

1.	2.	3. Number of Men who since Enlistment have had, in or out of India—				4. Number of Men who previously to arrival in India had, in the Service—			
Command.	Strength on 15th July 1894.	Gonorrhœa.	Primary Syphilis.	Secondary Syphilis.	Other Venereal Diseases.	Gonorrhœa.	Primary Syphilis.	Secondary Syphilis.	Other Venereal Diseases.
Bengal - -	44,372	16,456	14,279	5,225	9,579	6,946	5,082	1,993	2,429
Madras - -	13,446	4,921	4,692	1,907	2,656	2,383	1,751	690	822
Bombay - -	12,794	4,773	4,313	1,537	2,585	1,831	1,491	565	663
Total - -	70,612	26,150	23,284	8,669	14,820	11,160	8,324	3,248	3,914

(continued.)

Command.	5. Number of Men who since arrival in India have had a *first* admission for—		6. Number of Men who since arrival in India have been admitted for—			7. Number of Men who have never had any form of Venereal Disease.
	Primary Syphilis.	Secondary Syphilis.	Gonorrhœa.	Any form of Syphilis.	Other Venereal Diseases.	
Bengal - -	9,187	3,232	11,990	12,427	7,718	16,653
Madras - -	2,041	1,217	3,121	3,851	1,930	4,979
Bombay -	2,823	972	3,572	3,614	2,039	4,615
Total -	14,050	5,421	18,683	19,892	11,687	26,247

" Main heading No. 3 refers to the number of men who during their service have been admitted for the various forms of venereal disease. Main heading, No. 4 refers to the number of men who previously to arrival in India have had while in the service venereal diseases. Main heading No. 5 refers solely to disease contracted in India, and records the number of men, 1st, who have had primary syphilis since arrival in India, but who had not been admitted for that disease previously to arrival; and, 2nd, who have had secondary syphilis since arrival in India, but who had not been admitted for that disease

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previously to arrival. No. 6 main heading refers to the number of men who since arrival have been attacked with the various forms of disease, irrespective of whether they had or had not attacks of a similar disease previous to arrival in the country. In all these headings simple venereal ulcer is included in the column "Other venereal diseases." In any one main heading a man may be included in two or more columns of that main heading if he has had more than one form of disease; but no man is entered as more than one unit in any one column of the statement."

"The main facts revealed are, that out of 70,642 men present on the 15th July 1894, 26,150 men have since enlistment been admitted for gonorrhœa, 23,284 for primary syphilis, 8,669 for secondary syphilis, and 14,820 for other venereal diseases. The figures relating to secondary syphilis show to what an extent the army suffers from a disease which seriously undermines a man's constitution, makes him liable to break down at any time, particularly when exposed to the fatigues and hardships of active service, and at all times makes him less able to contend against acute disease, and thus increases the mortality of such disease. Previously to their arrival in India for their present tour of service, 11,160 men had suffered from gonorrhœa, 8,334 from primary syphilis, 3,248 from secondary syphilis, and 3,914 from other venereal diseases. Since their arrival in India 14,950 men who had not previously suffered from primary syphilis, have been admitted into hospital for that disease, and 5,421 men who had not previously suffered from secondary syphilis, have been admitted for that disease. These figures show what a large proportion of the men have become syphilised as a result of disease contracted in this country; but the liability to contract venereal disease in India is even more clearly shown by the fact that since their last arrival 18,863 men have been admitted at least once for gonorrhœa, 19,892 for syphilis in its various forms, and 11,687 for other venereal diseases."

Under sub-group V. are included 4 fatal cases of *hydrophobia* as compared with four with three deaths in the previous year. The cases occurred at Peshawar, Dum Dum, Ranikhet, and Sipri. At the first-named station the patient on admission into hospital showed a mark on his right thumb, where he said he had been bitten by a dog about a month previously; as the dog escaped it could not be ascertained whether the animal was suffering from rabies. The case at Dum Dum occurred on the 7th December; it was discovered after death that there was an angry-looking abrasion on the left index finger and on the left little finger, the marks of a bite; and that the man had been bitten by a dog at Barrackpore the previous February. At Ranikhet the patient had no recollection of having been bitten by any animal since childhood, though two scars were found on the back of his right hand, which he could not account for. The man at Sipri had been bitten two and a half months before the attack by a pariah dog he had made a pet of and was teasing at the time the bite was received.

Parasitic Diseases.—There were 151 admissions, which included 138 for tænia solium, and 6 for tænia mediocanellata, giving a ratio of 3·4 per 1,000, against 3·3 last year and 3·6, the octennial average rate. The highest ratio was 9·6 per 1,000, occurring in the Sirhind District, followed by 7·4 in the Peshawar and 5·0 in the Allahabad Districts, the lowest being ·4 in Oudh and ·6 in Rohilkhand.

Scurvy.—There were 10 cases of this disease against 15 the year before. Three cases each occurred in the Bundelkhand and Lahore Districts, and one case in the Presidency, Meerut, Sirhind, and Rawal Pindi Districts respectively.

Alcoholism.—189 cases are recorded under this head, including 9 of delirium tremens. The admission rate, 4·3 per 1,000, is higher by ·2 than in the preceding year, but less than the octennial average rate by 6·1. The highest ratio of prevalence was 9·8 in the Rawal Pindi District, the next 7·9 in the Presidency District, and then 5·8 in Bundelkhand. The lowest rate was ·6 in Rohilkhand, and the next above ·9 in the Meerut District.

Debility, &c.—744 admissions are returned under Group C., of which 736 were for debility, and an invalid died after leaving the Command. The

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admission rate, 16·8, is a decrease of 3·4 per 1,000 from the ratio of the preceding year, and of 5·6 from the average of the preceding eight years. There were 56·09 men constantly inefficient from this cause, in the ratio of 1·27 per 1,000, against 1·52 last year and 1·53 the octennial average. The highest ratio in any district was 38·3 in the Lahore, which stood highest in 1893 with 60·9 per 1,000. The next below was 33·8 in the Quetta District, which was lowest in the year before with 6·7. The lowest rate in the year under report was 7·6 in the Allahabad district, a decrease of 4·0 as compared with the ratio in the previous year, the next above being 8·3 in the Rawal Pindi district, a decrease of 4·3.

Rheumatism.—1,188 admissions are recorded, of which 62 were for rheumatic fever, and there was one death from that disease. The admission ratio, 26·9 per 1,000, was lower than in 1893 by 2·3, and than the octennial average by 4·4. The death rate, ·02 per 1,000, was the same as in the previous year, but ·05 below the average rate. The number constantly sick was 91·51 men, being in the ratio of 2·07 per 1,000 against 2·28 in 1893, and 2·14 per 1,000 the average rate. The highest rate of prevalence, 42·8 per 1,000, was in the Bundelkhand District, an increase of 10·3 on the preceding year; the Quetta District gave the next, 40·1, an increase of 3·4. The lowest admission rate occurred in the Oudh District, 17·8 per 1,000, a decline of 15·3, followed by 19·7 in the Narbudda District, an increase of 3·5 on the rate for 1893.

Tubercular Diseases caused 118 admissions with 32 deaths, including 11 of invalids, being in the ratios of 2·7 and ·73 per 1,000, against 2·8 and ·84 per 1,000 respectively in the previous year, and 3·3 and ·87 per 1,000, the average corresponding ratios of the preceding eight years. All but four of the cases were due to lung affection. No case occurred in the Peshawar District, the highest admission rates, 4·8 and 4·7 per 1,000, being in the Lahore and Oudh Districts, as compared with 3·5 and 3·9 respectively in 1893; in all the other districts comparatively low rates are observed, varying from ·9 in the Quetta District to 2·9 in Bundelkhand. The Allahabad District, which stood highest in the previous year with 4·8, had a ratio of 2·3 in the year under report. Of the 21 deaths in the country 4 each occurred in the Oudh, Sirhind, and Lahore Districts, 3 in Rohilkhand, 2 in Bundelkhand, and one each in the Allahabad, Rawal Pindi, and Quetta Districts, and among troops marching. There were no deaths in the Presidency, Narbudda, Meerut, and Peshawar Districts.

Other diseases of Group D. gave 272 admissions and 9 deaths, including 3 of invalids, equal to the ratios of 6·2 and ·20 per 1,000 respectively, against 9·0 and ·12 per 1,000 last year, and 10·8 and ·14 per 1,000 the average of the preceding eight years. The admissions were chiefly for non-malignant new growths, one case was due to malignant disease, and there were 74 admissions for anæmia, 16 for scrofula, 5 for purpura, 2 for hæmophilia, and 1 for diabetes mellitus. The deaths in the country were two from sarcoma, one of which was that of a man admitted in 1893, one from carcinoma, also admitted in 1893, and one each from enchondroma, purpura, and anæmia. The deaths of invalids were one each from malignant new growth, non-malignant new growth, and diabetes mellitus.

LOCAL DISEASES.—*Diseases of the Nervous System.*—309 admissions and 16 deaths are returned. The ratios were 7·0 and ·36 per 1,000, as compared with 8·8 and ·33 in the preceding year, and 10·4 and ·38 the average rates of the previous eight years. Of the total admissions 62 were cases of mental diseases, equal to a ratio of 1·4, against 1·6 per 1,000 in 1893, the last named being also the average rate of eight years. The Narbudda District was the only one in which no case of mental disease occurred, the highest ratio, 3·7 per 1,000, being furnished by Bundelkhand, followed by the Allahabad and Oudh Districts with 3·4 and 3·0 respectively. In the previous year the highest ratios occurred in the Oudh, Allahabad, and Bundelkhand Districts in the order named. The lowest rates were ·5, ·6, and ·7 in the Quetta, Rohilkhand, and Meerut Districts respectively. In the Presidency District the rate, 1·5 per 1,000, is much higher than in 1893, when it stood lowest. Excluding cases of mental disease, the highest ratio for nervous diseases, 9·5 per 1,000, is shown by the Allahabad District, an increase of 3·1 as compared with that for the year before; the next being 8·3 in Bundelkhand, an increase of ·3, and 6·6 in Lahore, a

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fractional decrease. The lowest ratios were 3·0 in the Rawal Pindi District, a decrease of 7·8; 4·0 in the Sirhind District, a decrease of 1·7; and 4·1 in the Quetta District, a decline of 2·1 from corresponding ratios in the preceding year, in which the highest and lowest rates occurred in the Rawal Pindi and Peshawar Districts. The highest rate of mortality is noted in the Lahore District, ·83 per 1,000, the same as in 1893, and the next in the Presidency District, ·75, as compared with ·36; in the Sirhind, Peshawar, and Quetta Districts there was no mortality, and low rates are recorded in the Rawal Pindi and Meerut Districts, ·16 and ·23 respectively. The principal causes of admission were neuralgia 135 cases, epilepsy 37, diseases of the brain and its membranes 21, and vertigo 14; four of the deaths were due to inflammation of the brain or its membranes, two to paralysis, and one each to congestion of the brain, cerebral hæmorrhage, inflammation of the membranes and spinal cord, pachymeningitis, myelitis, abscess of the brain, sclerosis, apoplexy, tetanus, and dementia.

Diseases of the Eye caused 458 admissions, being in the ratio of 10·4 per 1,000, equal to a decrease of 1·3 and 3·2 per 1,000 as compared with the ratio of the previous year and the octennial average respectively. The highest rate of prevalence occurred in the Allahabad District, 14·9 per 1,000, which is 4·9 higher than in the preceding year; the next in order being the Bundelkhand with 13·3, an increase of 3·9, and the Narbudda District with 13·1, a decline of 3·8. The lowest was 6·7 in the Rawal Pindi District, a decrease of 1·7; then 8·3 in Lahore, also less by 1·7; and 9·1 in the Peshawar District, a fractional decrease from the rate in 1893. The Oudh and Rawal Pindi Districts gave the highest and lowest rates in the year preceding. Conjunctivitis was, as usual, the principal cause of admission, 321 cases of that disease being recorded, while of the others 27 were due to ulcer of cornea, 14 to keratitis, 11 to iritis, and 10 to opacity of cornea.

Diseases of other Organs of Special Senses.—These were the cause of 784 admissions, equal to a ratio of 17·8 per 1,000, higher than in 1893 by 1·3, and above the average rate of eight years by 2·5. The Allahabad District leads with 46·9 per 1,000 for these affections, an increase of 8·5 on the rate for the year before, when this district also stood highest. Bundelkhand with 25·4 and the Narbudda District with 22·6 come next in order, the former being lower by 8·5 and the latter fractionally higher than the last year's rates. The lowest ratios were 9·8 in Rohilkhand, a decline of 1·7; 11·3 in the Presidency District, a decrease of 8·6, and 12·3 in the Rawal Pindi District, an increase of ·9. There was no mortality from these diseases in the year under report, the rate for 1893 being ·02 and the average ratio ·01. Of the cases included under this head 30 were of nasal affection, the rest being aural disease, chiefly affecting the external meatus.

Diseases of the Circulatory System caused 402 admissions and 16 deaths, two being in invalids who had left the Command, equal to ratios of 9·1 and ·36 per 1,000, which are higher than the corresponding ratios of the previous year by ·4 and ·15, but lower than the average rates of the preceding eight years by 2·5 and ·01 respectively. 48·57 men were constantly sick from these affections, being in the ratio of 1·10 per 1,000, against 1·33 and 1·24 in the two comparisons. The highest admission rate was, as in the two preceding years, in the Lahore District, 17·0 per 1,000, this being an increase of 1·8 on the last year's ratio; the next, 14·5, in the Allahabad District, an increase of 6·1; then 13·6 in Sirhind, an increase of 5·1. The lowest admission ratio was 3·4 in the Rawal Pindi District, less than half the last year's rate; the next above being 4·1 in the Quetta District as compared with 9·5 in 1893; then 5·3 in Rohilkhand, a decrease of 2·0. The Quetta District had the highest rate of mortality, ·90 per 1,000, an increase of ·42 on the last year's rate, followed by Bundelkhand with ·83 against *nil* in the previous year, the next being ·40 in Oudh, in which no mortality occurred during the year before. There were no deaths in the Narbudda, Meerut, and Sirhind Districts, and the low rate of ·16 is observed in the Rawal Pindi District as compared with *nil* in 1893. The ratio next above, ·21, in the Lahore District, shows no change, and the next was ·30 in Rohilkhand, as against *nil*. Palpitation of the heart was, as usual, the cause of a large number of admissions, 229 being recorded, and there were 75 cases of valvular disease of the heart, and [illegible] of others. The deaths in the country were 7 from valvular disease, 2 each from fatty degeneration of the heart and syncope, and one from pericarditis, excessive growth of fat on the heart, and aneurism of the aorta respectively. The invalids both died from valvular disease of the heart.

Diseases of the Respiratory System were the cause of 1,630 admissions and 62 deaths, including those of 5 invalids, giving the ratios of 36·9 and 1·41 per 1,000 respectively. The former was lower by 1·1 than the rate of the preceding year, and by 2·7 than the octennial average rate, while the latter was higher in both comparisons, by ·30 and ·32 per 1,000 respectively. The number of men constantly inefficient was 83·59, being in the ratio of 1·89 per 1,000, against 2·13 in 1893 and 2·25 the average rate of eight years. The highest rate of prevalence in any district, 98·1 per 1,000, was, as in preceding years, in Quetta, the ratio being, however, lower by about one-third than in the last year, next in order being 56·5 in Peshawar, an increase of 15·7, and 54·9 in Bundelkhand, an increase of 21·9. The lowest ratio of admission, 18·8 per 1,000, occurred in the Presidency District, a decrease of 10·0; next 19·9 in the Meerut District, a decline of 3·3; and 23·7 in Sirhind, or 8·4 per 1,000 less than in 1893. Mortality also was highest in the Quetta and Peshawar Districts, the ratios being 4·36 and 3·70 per 1,000 respectively, as compared with 4·10 and 1·30 in the year preceding. The third highest ratio was 2·69 in Lahore, a fractional decrease. There was no death in Rohilkhand; in the Meerut District the ratio, ·25 per 1,000, was fractionally lower than in 1893, while in Bundelkhand the rate was ·42 as compared with *nil*. Of the 1,630 admissions during the year 1,299 were for bronchitis, 197 for pneumonia, 69 for pleurisy, 30 for laryngitis, and 15 for pneumonic phthisis, while of the 57 deaths in the country 44 were from pneumonia, 4 from pleurisy, 2 each from laryngitis, bronchitis, abscess of the lungs, and empyema, and 1 from pneumonic phthisis. The five invalids died from pneumonia.

Diseases of the Digestive System caused 5,490 admissions into hospital and 79 deaths, one being that of an invalid who died after leaving the Command; the ratios therefore were 124·3 per 1,000 for the former and 1·79 for the latter, as compared with 120·1 and 1·58 in the previous year, and 140·9 and 1·74 the octennial averages, respectively. The constant inefficiency on account of these diseases, 239·63 men, was equal to 5·43 per 1,000, against 5·36 and 5·75 respectively in the two comparisons. The ratio of prevalence was again highest, 182·5 per 1,000, in the Quetta District, an increase of 10·4 on the last year's rate; next in the Lahore and Bundelkhand Districts, 153·8 and 148·0 respectively, the former showing an increase of 4·4 and the latter one of 16·2. The lowest ratio, 94·2 per 1,000, in the Narbudda District compares favourably with 105·5 in the year preceding, that in the Presidency District 97·0 being next above, a decrease of 27·6 from that for 1893. The rate in the Rawal Pindi District, 108·9, was identical with that of the year before. The mortality rate was highest, 3·38 per 1,000, in the Presidency District, more than double that of the previous year, the second ratio, 2·29 per 1,000, being observed in the Meerut District, an increase of ·81, closely followed by 2·23 in Lahore, a fractional decrease. The lowest rate was 1·01 in Peshawar, less than half that of 1893; next above were 1·35 in Quetta, an increase of ·40, and 1·51 and 1·52 in the Sirhind and Allahabad Districts, higher by 1·28 and 1·12 per 1,000 respectively than in the preceding year. The principal causes of admission were affections of the mouth and throat 2,093 cases, diarrhœa 1,155, hepatic disorders 950 (including 332 cases of congestion of liver, 281 of hepatitis, 267 of jaundice, and 69 of hepatic abscess), dyspepsia 651, piles 247, and colic 169. The deaths comprised 51 from hepatic abscess, thirty of which were associated with dysentery, 6 from various forms of intestinal inflammation, 5 from peritonitis, 3 each from inflammation of the stomach, and hepatitis, 2 from diarrhœa, and one each from noma, hæmorrhage from the intestines, volvulus, internal strangulation of the intestines, perforation of intestine, piles, acute yellow atrophy of liver, and perforation of hepatic ducts. The invalid died from abscess of liver. Abstract XX. exhibits the prevalence of and mortality from dysentery, diarrhœa, and hepatic diseases in the several districts of the Command, and Abstract XXI. the prevalence of and mortality from these diseases in each quarter of the year. The statistics as regards dysentery have already been touched upon. The ratio of admissions for diarrhœa was 26·2 per 1,000 against 27·6 in the preceding year, and the mortality rate ·05 against

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nil. The greatest prevalence was in the Allahabad District, which had a ratio of 49·9 per 1,000 against 37·6 in 1893; the next highest ratio was 41·5 per 1,000 in Lahore, against 39·5; the third being 30·0 in the Meerut District as compared with 39·3 in the preceding year. The Narbudda District gave the lowest ratio, 11·7, as compared with 18·5. The greatest decrease occurred in the Presidency District, the ratio 19·2 being lower than that for last year by 17·8 per 1,000. One death each occurred in the Presidency and Peshawar Districts. The prevalence of this disease was, as usual, greatest in the third quarter of the year, when the admission rate was 10·3 per 1,000, the next being 7·1 in the second, then 5·1 in the fourth, and 3·4 in the first quarter, the sequence in the previous year being exactly similar, although the two highest ratios were more closely approximated to each other. Both fatal cases occurred in the third quarter. The ratio of admissions for hepatic diseases was 15·6, and that of mortality 1·22 per 1,000, as compared with 17·4 and 1·00 in the preceding year. The rate of prevalence was, as in 1893, highest in the Allahabad District, 28·6 per 1,000, lower by 8·6 than the ratio of that year, and next came the Presidency District with 24·4, an increase of 1·3. Bundelkhand was third with 20·0, less by 1·4 than in 1893. The lowest ratio for admission was in the Quetta District, 7·2 per 1,000, or about half the last year's rate, next above being 10·1 in both the Meerut and Peshawar Districts, higher by 2·0 and 2·4 per 1,000 respectively, the last named giving the lowest rate in 1893. In Rohilkhand the notable decline of 12·8 in the admission rate is observed. Mortality was highest, 2·63 per 1,000, in the Presidency District, more than double the rate of the previous year, next 1·87 per 1,000 in Lahore, an increase of ·21, followed by 1·58 in Oudh, an increase of ·35. In 1893 the highest ratio occurred in Bundelkhand. The lowest death rate was ·34 in Peshawar, against 2·21 in 1893, next ·46 in the Meerut District, and ·90 in Quetta, a fractional decrease in each instance. In the year preceding there was no death in the Sirhind District as compared with a rate of 1·01 in the year under report. With regard to the seasonal prevalence of these disorders, the highest admission ratio occurred in the third quarter of the year, 5·0 per 1,000, followed by 4·2 in the second, 3·3 in the first, and 3·0 in the fourth quarter. A similar sequence is observed in the ratios for the previous year, when, however, the ratios for the first and fourth were identical with each other. Mortality was greatest in the fourth quarter, ·44 per 1,000, next in the third quarter, ·42, followed by the second and first quarters with ·27 and ·09. In 1893 the third and fourth quarters were in reverse order.

Diseases of the Lymphatic and Glandular System.—1,193 admissions and 1 death are returned, the admission rate being 27·0 per 1,000, which is a decline of 2·6 from that of the preceding year, and one of ·9 from the octennial average rate. The death ratio, ·02 per 1,000, was less than that for 1893 by ·05, and exactly half the average ratio. There were 138·03 men constantly inefficient, or a ratio of 3·13 per 1,000, as compared with 3·56 and 2·87 in the two comparisons. The admission ratio, as in the two preceding years, was highest in the Narbudda District, 46·0, a decrease of 14·0 from the rate for 1893; while in both the Bundelkhand and Allahabad Districts the ratio was 36·2, a decline of 7·5 in the former case and one of 9·0 in the latter. The lowest rate occurred in the Quetta District, 17·1 as compared with 15·7, and in Peshawar, which gave the lowest rate last year, the ratio was 20·2, an increase of 6·6; the Rawal Pindi District coming next above with 20·3 as compared with 26·1. Of the 1,193 admissions, 1,083 were due to inflammation and suppuration of lymph glands, mostly inguinal; and 91 were cases of disease of the spleen. The death was due to splenitis, and occurred in the Bundelkhand District.

Diseases of the Urinary System.—There were 92 admissions and 11 deaths; the admission rate was 2·1 and the death rate ·25 per 1,000, as compared with 1·4 and ·12 respectively in the previous year, the average rates for the preceding eight years being 2·0 and ·14. The highest ratio of admission, 4·8 per 1,000, was in Lahore, exactly four times the last year's rate; the next, 2·6 per 1,000, was in the Rawal Pindi District an increase of 1·5, then 2·5 in Sirhind as compared with ·5 only. The mortality rates occurred as follows:—Lahore, 1·04 per 1,000, Quetta ·90, the Meerut District ·46, Sirhind ·25, and the Rawal Pindi District ·16 per 1,000. The admissions were chiefly for nephritis, 39 cases, of which 8 proved fatal, and there were 15 each for incontinence of urine and inflammation of the bladder, the three remaining deaths being due gal. to abscess of kidney, cystic disease of kidney, and suppression of urine respectively.

Diseases of the Generative System.—The admissions for these affections amounted to 3,956, and there was one death, the admission ratio being 89·6 per 1,000, as compared with 107·3 in the preceding year and 97·4 the average rate of the preceding eight years. 340·98 men were constantly non-effective, giving a ratio of 7·72 per 1,000, as compared with 8·16 in 1893 and 6·51 per 1,000 the octennial average rate. The Allahabad District had the highest admission rate, 232·6 per 1,000, an increase of 48·3 on the rate in the previous year; the Meerut District gave the next, 173·6, a decline of 23·7, and the Presidency District the third, 136·1, an increase of 80·9. The lowest ratio of prevalence was 16·0 per 1,000 in Rohilkhand, a decrease of 11·4; next above were 25·2 in Sirhind, a decline of 19·1, and 40·7 in Oudh, a rise of 4·4. In the Narbudda District, which was highest in the three preceding years, a fall of 128·9 is observed, and in the Rawal Pindi District one of 101·1 per 1,000. Simple venereal ulcer accounted for no fewer than 3,430 of the admissions, among the remainder being 290 cases of orchitis, 106 of balanitis, and 45 of stricture of the urethra. The death was due to gangrene of the scrotum.

Diseases of the Organs of Locomotion.—There were 395 admissions and 2 deaths, equal to ratios of 8·9 and ·05 per 1,000, lower by ·6 and ·02 respectively than the corresponding rates in the previous year, but above the octennial average ratios by 1·3 and ·01. The admission rates of the several districts ranged from 5·3 in Rohilkhand to 12·2 in the Rawal Pindi District; the ratios of five districts exceeded those of the previous year, the greatest increase being 3·6 per 1,000 in Peshawar. Of the remaining districts the rate in Rohilkhand has declined by 5·2, and that in Quetta by 3·2. Synovitis alone caused 277 admissions, the two deaths being due to caries.

Diseases of the Connective Tissue.—There were 1,085 admissions for these diseases, the ratio, 24·6 per 1,000, being higher than in 1893 by 3·3, and than the average rate for eight years by 2·7. The highest admission rate was 34·1 in Peshawar, followed by 30·0 in the Meerut District, and the lowest, 16·7 in Quetta, next above being 17·5 in Rohilkhand. Excepting that of Allahabad, all the districts had higher ratios than in the year preceding, the increase ranging from 1·0 in Quetta, and 1·4 each in the Presidency and Oudh Districts, to 7·1, 9·1 and 13·2 per 1,000 in the Meerut, Peshawar, and Narbudda Districts respectively. There was no mortality under this head.

Diseases of the Skin.—The admissions numbered 3,146, chiefly from eczema, ulcers, boils, whitlow, ringworm, and itch, which together accounted for 2,847. The ratio of admission was 71·2 per 1,000, lower by 2·4 than in 1893, but higher than the average rate by 1·3. There were 136·74 men constantly sick, the equivalent ratio per 1,000 being 3·10 as compared with 3·12 in the year before and 2·85 the octennial average rate. The Allahabad and Oudh Districts, as in other years, gave the highest ratios, 158·6 in the former, a rise of 24·3 as compared with 1893, and 98·8 in the latter, a fall of 24·1, the third ratio 91·0 per 1,000, being in Lahore, a decline of 5·0. Quetta, which was lowest in the preceding year, had the least ratio of prevalence, 28·4 per 1,000, a decline of 19·7, Rohilkhand being next above with 52·5, a decrease of 5·8, then the Rawal Pindi District with 54·3, a decline of 4·8.

Poisons caused 26 admissions and 4 deaths, as compared with 16 admissions and 6 deaths in 1893. Of the admissions 6 were for wounds caused by stinging insects, 5 were cases of dog-bite, and 4 were for wounds poisoned by animal venom, 4 were caused by alcoholic, 2 by fish, and 1 by carbolic acid poisoning. There was one death each from alcoholic poisoning, poisoned wound caused by a panther, poisoning by meat and by chloroform vapour.

Injuries.—The admission rate was 96·8 and the death rate 1·99 per 1,000, as compared with 99·6 and 1·77 in the previous year, and with 111·1 and 2·27 the corresponding average ratios of the preceding eight years. The average number constantly sick from these causes was 204·09, equal to a ratio of 4·63 per 1,000, which is lower by ·32 and ·24 respectively in the two comparisons. The number of admissions for general injuries was 170, and the deaths amounted to 60 against 117 and 39 in the year before. The admissions included 137 cases of heat apoplexy, 15 of burns and scalds, 10 of sunstroke, 5 of multiple injury, 2 of shock, and 1 of asphyxia from plugging of air passages with foreign substance; the deaths were 37 from heat apoplexy, 14 from drowning (13 accidental, 1 doubtful), 4 from strangulation (3 suicidal, 1 judicial), 2 from multiple injury, and one each from sunstroke, shock, and plugging of air passages with foreign substance. For local injuries there were 4,108 admissions and 28 deaths, the principal causes of the former being, as usual, contusions, wounds, sprains, and abrasions, to which altogether 3,692 were due, among the rest being 218 cases of fracture, 55 of dislocation, 36 of gunshot wounds, 15 of concussion of the brain, and 14 of burns and scalds. The deaths comprised 13 from gunshot wounds, five being suicidal, four homicidal, and four accidental, 6 from fractures, 2 each from fracture of spine with compression of cord, and dislocation of spine, and one from rupture and laceration of spleen, concussion of brain, laceration of brain, wound of neck, suicidal, and contusion of spleen with rupture of viscera, respectively. In the cases of homicide, one man was shot, presumably by rifle thieves, while on sentry on the magazine at Nowshera; a private at Lucknow and one at Fategarh were shot by comrades, and a sergeant died at Fort Sandeman from the effects of a bullet wound. There were 9 cases of suicide as compared with 16 in 1893, 5 being due to gunshot wound, 3 to hanging, and 1 to cut-throat. In three cases the presumed motives were respectively, disappointment in love, excessive drinking, and to avoid a long term of imprisonment to which the man had been sentenced; in the remainder no motive could be assigned, but in one instance the man had received bad news from home. A verdict of suicide was returned in three instances and one of suicide whilst in a state of temporary insanity in the others. One of the men was 20 years of age, three were 22, two 23, two 25, and one man was 27. Two were of 5 years', four of 3, and three were men of 2 years' service. There were two cases, one of death by drowning and the other by fracture of skull, in which it is doubtful whether they were caused accidentally or otherwise.

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There were also 12 cases of self-inflicted injuries or attempts at suicide, of which 7 were cases of wound, five being of the throat, and one each of arm and leg; 2 of gunshot wound; 2 men attempted suicide by strangulation and 1 by poison. In two cases the attempt was induced by drink and in two by a desire to get invalided; one case was attributed to depression of spirits due to sudden abstention from alcoholic liquors, one to the postponement of the man's return to England, and one to fear of punishment for shooting a comrade with whom he had quarrelled. Of the remainder, one man stated that he was tired of life, another that he had no serious intention, but inflicted the injury simply to annoy another person, and in three cases no motive or cause could be discovered.

Two hundred and sixty-seven surgical operations are recorded for the year, of which 251 were primary and 16 secondary, death following in 23 of the former and in 3 of the latter. Amputation of the fore-arm in a case of caries, and of the leg (secondary) in a case of fracture, was successfully performed. Record of successful amputation of toes for various causes in 20 cases; of the thumb in a case of gunshot wound; and of fingers in 3 cases (2 being gunshot wounds) is also made; but one of the men who had a finger amputated had eventually to be invalided. Excision of the eye-ball in two cases of contusion of the eye with rupture of the sclerotic; and in one each of gonorrhœal conjunctivitis, purulent conjunctivitis, and wound of eye-ball, and iridectomy in a case of syphilitic iritis were successful; recovery followed in a case of ligature of the superficial palmar arch for traumatic aneurysm. Abdominal section in a case of typhlitis proved successful, but death followed a similar operation for intestinal obstruction, and also in two cases of excision of the kidney (abscess following gonorrhœa and tubercle respectively). Paracentesis thoracio was performed in 3 cases of empyema and in one of pleurisy with a successful result, but a case of abscess of the lung treated by incision and drainage terminated fatally. Of 24 cases of hepatic abscess operated on, 18 ended fatally. Of these 24 cases, 7 (5 fatal) were treated by aspiration; 2 (1 fatal) by incision; 1 (fatal) by aspiration and free incision; 3 (2 fatal) by aspiration, tapping and drainage; 5 (4 fatal) by incision and drainage; 2 (1 fatal) by tapping and drainage; 1 (fatal) by tapping and 1 (fatal) by resection of the 8th rib. In two the liver was only explored and both ended in death; and in 5 cases of hepatitis also, in which abscess was suspected, exploration was made; two proved fatal and in 3 the result was negative. In a case of echinococcus hominis (liver) the cyst was tapped with a partially successful

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result. Of the other operations only those (36 all successful) of excision of lymph glands are worth mentioning.

Invaliding.—The number of men sent home as invalids was 1,056, being in the ratio of 23·91 per 1,000, which is lower by 2·16 than that of the preceding year, but higher by ·68 than the decennial average. Taking the invaliding in the different arms of the service, as shown in Abstract XLI., it is found that the invaliding ratio in the cavalry was 23·29 per 1,000, a decline of 1·06 from that in 1893; in the artillery the rate was 26·27 per 1,000, or 1·40 less than in the year before, and in the infantry 23·36 per 1,000, a decline of 1·54.

Tables showing the influence of age and length of service in the country on the sickness, mortality, and invaliding have been given on preceding pages, from which it will be observed that the invaliding rate was highest, 29·26 per 1,000, among men between 20 and 25 years of age, and lowest, as is usual, in men under 20 years. Men of between 35 and 40 years came second with 27·47, then those of 40 years and upwards with 21·19: in men between 25 and 30 and 30 and 35 years the ratios were 19·45 and 18·08 per 1,000 respectively. In the previous year the lowest rates were also in the last three periods of age and in the same order, but no other similarity can be found, and in comparison with those ratios, the rates for the year under report have increased among men of less than 20 years by as much as 10·48, and among men between 30 and 35 years by 3·71 per 1,000, while decrease is observed among men of 40 years and upwards equal to 13·29 per 1,000, the decline among men of 35 to 40, 25 to 30, and 20 to 25 years of age, being equal to 7·88, 5·17, and 1·46 per 1,000 respectively. As to the influence of length of service in the country, the highest invaliding ratio, 34·10 per 1,000, occurred among men in their second year; the next below, 26·43 per 1,000, among those with less than one year in India; the third ratio, 23·11; the fourth, 20·96; and the fifth, 20·16 per 1,000, among men in their third, fourth, and fifth years respectively; next below came 19·76 among men of between 5 and 10 years, and the lowest of all, 16·35, among men who had been more than 10 years in the country. The sequence of ratios does not resemble that observed in the table for the previous year, when the highest and lowest ratios were among men in their third and first years of service. As compared with the ratios of the year before, those of men in their first and second years of service show an increase of 8·52 and 5·36 respectively, while all the others are lower, the principal being a decline of 12·72 among those in their third year, and one of 12·51 among men over 10 years, followed by men in their fourth year with a decline of 5·80.

The principal causes of invaliding were 131 cases of secondary syphilis, being in the ratio of 2·97 per 1,000; 121 of diseases of the circulatory system, including 51 of valvular disease of the heart, 44 of palpitation and irregularity of the action of the heart, and 8 of varix, giving a ratio of 2·74; 107 of malarial fevers, or a ratio of 2·42; 105 of debility, a ratio of 2·38; 67 of mental diseases, or 1·52 per 1,000; 65 cases of diseases of the digestive system, including 21 cases of hepatitis, 14 of hepatic abscess, and 10 of hernia, giving a ratio of 1·47; 59 of tubercular diseases, or 1·34 per 1,000; 49 of rheumatism, or 1·11 per 1,000; 43 cases of local injuries, including 18 cases of fracture, and five each of wounds and sprains, giving a ratio of ·97; 40 each of dysentery and ear diseases, giving for each a ratio of ·91; 38 cases, or ·86 per 1,000, of diseases of the organs of locomotion, and 35 of nervous diseases, or ·79 per 1,000. Compared with the corresponding ratios of the previous year and the average of the preceding eight years, an increase of ·11 and ·19 respectively is noted under the head of rheumatism; of ·38 and ·38 under mental diseases; of ·12 and ·06 under eye diseases; of ·14 and ·14 under diseases of the organs of locomotion, and of ·39 and ·07 under local injuries. Decreases of invaliding rate occurred under debility, of 1·04 and ·67; under nervous diseases, of ·37 and ·28; circulatory system, of ·35 and ·26; respiratory system, of ·29 and ·23; digestive system, of ·25 and ·43, and under lymphatic and glandular system, of ·18 and ·04; while under malarial fevers and secondary syphilis there has been a decrease of 1·16 and ·08 respectively as compared with 1893, but an increase respectively of ·68 and 1·21 on the octennial average.

The number of men finally discharged as medically unfit for further service was 708, equal to a ratio of 16·03 per 1,000, which is higher than the corre-

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sponding rate in the previous year by 5·43, and than the average rate of the preceding ten years by 3·15. The principal disabilities necessitating invaliding were, dysentery 14 cases, or ·32 per 1,000; malarial fever 30, or ·68 per 1,000; secondary syphilis 44, or 1·00 per 1,000; debility 42, or ·95 per 1,000; rheumatism 27, or ·61 per 1,000; tubercular diseases 57, or 1·29 per 1,000; nervous affections 128, or 2·90 per 1,000, including 79 cases, or 1·79 per 1,000, of mental disease; ophthalmic diseases 28, or ·63 per 1,000; diseases of other organs of special senses 44 cases, or 1·00; diseases of the circulatory system 137, or 3·10; digestive disorders 24, or ·54; diseases of the organs of locomotion 27, or ·61, and injuries 42 cases, or ·95 per 1,000. Compared with corresponding rates for the preceding year, an increase of ·20 is observed in the ratio for dysentery, one of ·77 in that for secondary syphilis, one of ·69 in that for tubercular diseases, one of ·90 in that for nervous diseases, one of ·63 in the ratio for diseases of the circulatory system, one of ·56 in that for injuries, and in others to a less extent, while the instances of decrease are few and unimportant, the greatest being a decline of ·06 in the ratio of invaliding for urinary diseases.

Officers.—The average strength of the officers for the year was 1,260, the number of attacks of illness amounted to 1,085, the number of deaths to 21, and 70 officers were invalided to England. The ratio of sickness was 861·1 per 1,000, that of deaths 16·67, and that of invaliding 55·56, which, compared with the corresponding rates in the previous year, are higher by 116·6 and 2·93 respectively for admissions and deaths, while the invaliding rate is lower by 6·68 per 1,000. Of eruptive fevers there were 9 cases, namely, 4 of measles, 2 of epidemic rose-rash, and one each of scarlet fever, chicken-pox, and small-pox. In 1893 there was also one case of small-pox. 49 cases of enteric fever occurred during the year with 9 deaths, as compared with 38 and 10 in the year before; 15 officers were invalided to England on this account, and 5 remained under treatment at the end of the year. The ratio of attacks to strength was 38·9 against 30·7 in 1893, and 24·2 per 1,000 among the non-commissioned officers and men during the year under report, that of deaths being 7·14 per 1,000, against 8·08 in the preceding year, and 6·79 the death-rate of the non-commissioned officers and men in the present year. The per-centage of mortality to attack was 18·4 as compared with 26·3 last year, and 28·0 among the non-commissioned officers and men. The cases were distributed over 20 stations, namely, 5 cases with 3 deaths at Agra, 6 with 2 deaths at Lucknow, 4 and 1 death each at Rawal Pindi and Murree, 3 with 1 death at Sialkot, 2 with 1 death at Meerut, 4 non-fatal cases at Quetta, 3 at Peshawar, 2 each at Cawnpore, Ranikhet, Dalhousie, and Cherat, and there were single cases at Barrackpore, Fort Allahabad, Bareilly, Roorkee, Dagshai, Mian Mir, Jullundur, and Nowshera. Other continued fevers gave a ratio of 35·7 per 1,000, being a decrease of 3·1 from that of the preceding year. There were 3 cases of cholera with one death, as compared with *nil* in 1893. Dysentery caused 27 cases of illness, equal to a ratio of 21·4 per 1,000, less by 4·5 than in the preceding year; there was one death from this disease. Influenza contributed 21 cases, against only 2 in the year before. Malarial fevers, including 268 cases of ague, 52 of remittent fever, and 13 of malarial cachexia, gave a ratio of 264·3 per 1,000, an increase of 68·7 on that of the preceding year; there was no death under this heading. Venereal diseases had a ratio of 18·2 per 1,000, an increase of 5·3 on the previous year's rate, while debility, with a ratio of 12·7 per 1,000, was higher by 2·2, and rheumatic affections, with 15·9, lower by 1·1 per 1,000 than in the previous year. Diseases of the nervous system furnished 12 cases, being in the ratio of 9·5 per 1,000, as compared with 11·3 in the preceding year; the cases included 6 of neuralgia, 2 of congestion of the brain, one being fatal, and 1 each of meningitis, hemiplegia, wry-neck, and vertigo, no case of mental disease being recorded. 34 cases were due to diseases of the respiratory system, 24 of which were instances of bronchitis, 4 of pleurisy, and 2 of pneumonia, the ratio, 27·0 per 1,000, being lower by 2·1 than that of the previous year; no death occurred. Diseases of the digestive system furnished a ratio of 125·4 per 1,000, which was higher than that of 1893 by 9·0. Diarrhœa and hepatic affections were the principal causes of illness, the former giving 43 cases and the latter 50; three cases of abscess of liver proved fatal, and there was one death from obstruction of intestines. Among diseases of the urinary system a death is recorded from granular kidney. The ratio for diseases of the skin, 38·1 per 1,000, is greater by 9·3 than in the last year, and that for injuries 143·6 per 1,000, is greater by 9·4, the latter being principally made up of cases of contusions, fractures, wounds, and sprains, but including also 2 cases, one fatal, of heat apoplexy and 1 of sunstroke, which ended in recovery. One case of fracture of skull proved fatal; there were 10 cases of concussion of the brain, and 5, one fatal, of gunshot wounds, an officer shooting himself while in a state of temporary insanity; motive unknown. There was also a death from dislocation of the spine. The causes of invaliding were enteric fever 15 cases, malarial fever 11, debility 10, hepatic diseases 8, urinary disorders, synovitis, concussion of brain, and dysentery, 3 each; typhlitis 2, fracture 2, poisoned wounds 2, and constitutional syphilis, rheumatism, neuralgia, pericarditis, valvular disease of heart, pleurisy, inflammation of stomach, and psoriasis, one case each.

Women.—The average strength of the women was 1,765; there were 1,467 admissions into hospital and 25 deaths. The admission rate was 831·2 per 1,000, and that of mortality 14·16 per 1,000,—the former being higher by 33·9, but the latter lower by 2·10 in comparison with the corresponding rates of the previous year. There were 5 cases of eruptive fevers, 4 being of measles and 1 of chicken-pox. No case of small-pox occurred as against one case in 1893. For enteric fever there were 8 admissions with 2 deaths, against 17 and 5 in the previous year. The admission ratio, 4·5 per 1,000, was lower by 5·4, and the death-rate, 1·13 per 1,000, was 1·77 lower than in the preceding year. Of the cases, 2 occurred at Subathu and one each at Meerut, Muttra, Bareilly, Mian Mir, Campbellpore, and Dum Dum. The deaths took place at Bareilly and Mian Mir. Simple continued fever caused 20 admissions, being in the ratio of 11·3, which is a decrease of 6·7 from that of the preceding year. There were 5 cases of cholera and 3 deaths, against 2 and 1 death in 1893. Dysentery furnished 26 admissions, equal to a ratio of 14·7 as compared with 12·8 in the previous year. There were 9 cases of influenza, and 315 of malarial fevers, comprising 284 of ague, 19 of remittent fever, and 12 of malarial cachexia, the ratio of admission, 178·5 per 1,000, being lower than the last year's rate by 10·2; there were 4 deaths from remittent fever. Under septic diseases are recorded 4 cases of puerperal septicæmia, 3 of which proved fatal, and one case of phagedæna. 481 admissions are recorded for debility, equal to a ratio of 272·5, an increase of 46·6 on the rate for 1893; while for rheumatic affections there were 15 admissions, including 2 cases of rheumatic fever, the ratio, 8·5 per 1,000, showing a decline of ·8. There were 9 admissions and 2 deaths for tubercular disease of the lungs against 7, with 1 death, the year before. Anæmia gave 38 admissions, or a ratio of 21·5 against 22·1 in 1893. Under local diseases those of the nervous system furnished 31 cases, including 20 of neuralgia, 5 of hysteria, 3 of megrim, and 1 each of epilepsy, mania, and puerperal insanity; no death occurred. In the preceding year there were 33 cases and 5 deaths. Of 30 cases of ophthalmic disease 27 were due to conjunctivitis. Diseases of the circulatory system gave 17 admissions and 2 deaths as compared with 8 cases and 1 death in the last year; 9 of the admissions, one proving fatal, were for valvular disease, and there was a death from fatty degeneration of the heart. Respiratory diseases, with 44 admissions and 1 death, gave an admission rate of 24·9 per 1,000 against 29·0 in the preceding year; there were 40 cases and 1 death from bronchitis, 2 cases of pleurisy, and 2 of pneumonia. Diseases of the digestive system accounted for 169 admissions and 2 deaths, being in the ratios of 95·8 and 1·13 per 1,000, lower than the corresponding ratios for 1893 by 15·7 and 1·19 respectively. The principal causes of admission were dyspepsia 46 cases, diarrhœa 45, affections of the mouth and throat 29, and hepatic disorders 18, the deaths being due to abscess of the liver and peritonitis, one case each. There were 165 admissions and 2 deaths under diseases of the generative system, the ratios being respectively 93·5 and 1·13 per 1,000, the former higher by 5·2 and the latter lower by 1·19 than in the preceding year. The causes of the admissions were, as usual, numerous, the largest number of ccurring under abortion, viz., 43. One death each was due to hæmor- lacenta prævia and post partum hæmorrhage. Of the cases returned e remaining classes of disease may be mentioned one fatal case each under burns and scalds and heat apoplexy, and an admission for sunstroke, *Bengal.* and one woman died from some cause unknown.

Children.—The average strength was 3,063, the number admitted was 1,900, and the deaths 154. The ratio of admission, therefore, was 620·3 and that of mortality 50·28 per 1,000, which are higher than the corresponding ratios in thepreceding year by 64·7 and 7·04 per 1,000 respectively. Eruptive fevers caused 226 admissions and 1 death as compared with 47 admissions and no death in 1893; the ratio of admission was 73·8 per 1,000 against 15·3 in the year before. 198 of the cases were due to measles, including that which proved fatal, 16 to chicken-pox, 5 each to scarlet fever and epidemic rose rash, one to cow-pox and one to dengue. There were 16 cases of whooping cough with one death, against 95 with four deaths in the previous year; one fatal case of diphtheria, as in last year; 3 of mumps and 26 of influenza against 13 and 1 respectively in 1893. Enteric fever caused 8 admissions and 3 deaths as compared with 9 with 3 deaths in the previous year; at Fyzabad and Agra there were 2 cases with one death each, and one case at Dagshai (fatal), Sipri, Meerut, and Mian Mir. Simple continued fever furnished 78 admissions and one death, against 93 cases with no death in 1893; there was no admission for cholera, as was also the case in the year before. For dysentery there were 44 admissions and 5 deaths against 44 and 2 in the preceding year. Malarial fevers gave an admission rate of 110·0, and a death rate of 2·61 per 1,000, the former being lower by 1·2 and the latter by ·64 than those for the preceding year; they comprised 301 cases of ague with two deaths, 28 of remittent fever with 5 deaths, and 8 of malarial cachexia with one death. Erysipelas accounted for 2 admissions, and congenital syphilis for 8, 1 being fatal, while parasitic diseases furnished 16 cases, against 11 in 1893. Under developmental diseases 149 cases and 19 deaths are returned, against 146 and 23 in the preceding year, 11 of the deaths being recorded under immaturity at birth, and 8 under debility. As to the remaining admissions under general diseases, 12, with 7 deaths, were cases of tubercular disease, 11 of anæmia, 8, one fatal, of scrofula, 4 of rickets, and one of rheumatism. Among local diseases, affections of the nervous system are found to have caused 43 admissions and 25 deaths, as compared with 39 and 24 respectively in the preceding year, 23 of the admissions, with 16 deaths, being due to infantile convulsions, 8, with 7 deaths, to meningitis, and 5, with 2 deaths, to epilepsy. Diseases of the eye were in the ratio of 43·7 per 1,000, higher than in 1893 by 11·5; of the 134 admissions all but four were for conjunctivitis. No cases are returned under diseases of the circulatory system, but for those of the respiratory system the ratio of admission was 82·3 and that of mortality 7·51 per 1,000, as compared with 79·2 and 7·80 respectively in 1893. Among the 252 cases were 233 of bronchitis and 15 of pneumonia, and the deaths were 18 from bronchitis, 4 from pneumonia, and 1 from croup. The ratio of admission for digestive disorders was 114·6, as against 109·6 in the year before, the death rate, 15·02, being higher by 5·59 per 1,000. Of the 351 admissions and 46 deaths under this head 172 and 26 deaths were cases of diarrhœa, and 101 with 13 deaths of teething, the remaining fatal cases being 4 of inflammation of intestines, 2 of inflammation of stomach, and 1 of quinsy. The only cases that need be mentioned under the remaining classes of disease are 2 fatal cases of heat apoplexy, a death each from asphyxia from submersion and from overlying and a fatal case of concussion of the brain.

SANITARY CONDITIONS.—The following remarks on the health of the troops and the sanitary condition of the different districts and stations are taken from the report of the Principal Medical Officer, Surgeon-Major-General A. A. Gore, M.D.

Presidency District.—Fort William.—The District Principal Medical Officer reports that there is a scheme under consideration for the discharge of the night soil into the nearest municipal main sewer and that when this is adopted urine will not be thrown into the fort drains as at present. There is a double water supply; for drinking and cooking purposes from the municipal water works and for ablution from tanks on the glacis. He is of opinion that this double source is not fully satisfactory, and is a potential risk to health, and considers it most desirable that the filtered water should be conveyed in pipes to the kitchens, instead of being carried, as at present, in leather bags (mussacks), which are also used for carrying unfiltered ablution water. The *gal.*

municipal water supply has not yet been laid on to the station hospital as was recommended last year. At Barrackpore the water supply is reported as being of excellent quality and the general sanitary condition satisfactory. Dum Dum.—The District Principal Medical Officer remarks: "The whole of the neighbourhood is malarial and insanitary, owing to the numerous tanks and small villages both in and near to the cantonment boundaries, over which there can be but little or no control." The Calcutta municipal water supply was laid on to the barracks during the year. Darjeeling.—An incinerator for the disposal of solid night soil was successfully worked during the year; the liquid sewage (urine) being disposed of in the pit [illegible] formerly used for trenching the night soil. The water supply is reported as being of good quality, and the general sanitary condition is satisfactory.

Allahabad District.—Allahabad.—The general sanitary condition is reported to have been satisfactory during the year, and the water supply excellent, from the municipal water works. Fort Allahabad.—The water supply is from wells and is reported to be of doubtful quality, but the General Officer Commanding arranged to have water for drinking purposes carried from the nearest standposts of the municipal water supply, pending the extension of that supply to the Fort. [illegible].—The District Principal Medical Officer writes: "The cantonment [illegible] overgrown and [illegible], and the site is [illegible] and very unsuitable for troops." He considers the barrack-rooms too long, and recommends that they should be partitioned off so as to accommodate about 25 men in each room. The water supply is from wells, and it is reported that only four of these yield water suitable for drinking, and even these are not to be relied on. The medical officer in charge reports that he had sand supplied for the filters washed 15 times, and even on the 15th occasion the water it was washed in was not quite clear. He ascribes the large number of cases of dysentery and diarrhoea to impure filtered water, and recommended that filters be abolished and the water boiled.

Oudh District.—Lucknow.—The municipal water supply which is reported to be of excellent quality, was extended to cantonments during the year, but the District Principal Medical Officer represents that the method of distribution to the barracks, cook houses, &c., it is carried by natives from the hydrants, is faulty, and recommends that pipes be laid on to these buildings. He reports that with the exception of absorption pits, as a means of disposal of bath-room water, the general sanitary condition in cantonments was satisfactory during the year, but that the cantonment has very insanitary surroundings, the suburbs of the native city and numerous villages fringing it, and the Sadr Bazar is very crowded with a poor native population. Cawnpore.—The general sanitary condition is reported to have been satisfactory. The water supply is obtained from a filter tank well and is considered of good quality. Sitapur.—The hospital is reported as being in a very bad state of repair, but plans of a new hospital have been prepared, and it is hoped funds will soon be available for its construction. Four new barracks are being built and some of the old ones re-roofed and improved. Fatehgarh.—It is reported that refuse water from the cookhouse collected in a neighbouring drain (nulla) and became offensive, but steps were being taken to construct a drain to carry this water to a greater distance from the building. The water supply is obtained from a carefully protected well and is considered to be of good quality.

Rohilkhand District. At Bareilly the general sanitary condition was satisfactory. The water supply is obtained from carefully protected wells, and is reported to be of good quality. Shahjahanpur.—The District Principal Medical Officer reports that the general sanitary condition was satisfactory, but recommends that iron movable latrines should replace those constructed of brick in the regimental bazar. The water supply is obtained from a covered masonry well. Naini Tal.—It is reported that the general sanitary condition has been satisfactory, but the Tulli Tal barracks are old and inferior and close to an overcrowded bazar. Iron roofs have been substituted for those of thatch in the latrines to which objection was recorded in the report for 1893. The water supply is obtained from the lake; it is taken some distance from the shore, and is passed through a filter bed. Ranikhet.—An increase of the conservancy establishment was sanctioned during the summer months, and much improvement in the sanitary condition resulted, but it is represented

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that this increased establishment is just as necessary during the remainder of the year if the cantonment is to be kept in proper condition. The water supply is not very satisfactory, as though there is one spring which gives a pure supply it does not yield sufficient for all purposes during the dry months, and there is then danger of water from impure sources being used for drinking when brought in mussacks supposed to be set apart for conveying only drinking water. Galvanized iron water tanks carried on mules in substitution of puckals (leather bags carried on mules) were under trial during the year and were favourably reported on. Chaubattia.—The general sanitary condition is reported as having been satisfactory. Water of good quality is obtained from carefully protected springs, but is carried to barracks in puckals; it is represented that galvanized iron tanks should be substituted for these leather bags.

Bundelkhand District.—Agra.—The municipal water supply was extended to the Barracks and Station Hospital on the 27th March by means of stand-pipes placed at some little distance from the various buildings. It is well filtered before delivery, and is periodically examined by the Chemical Examiner and Bacteriologist to the Government, North-Western Provinces and Oudh, who pronounces it to be of great purity; but the District Principal Medical Officer represents that the system of stand-pipes is not satisfactory, as it necessitates hand carrying of the water to barracks and hospitals with consequent risk of contamination, which would be avoided if it was directly laid on to these buildings. He also reports that the latrine accommodation in the fort is insufficient. Jhansi.—The general sanitary condition is reported as having been satisfactory. The water supply is obtained from protected wells, and is carried to barracks, &c. in galvanized iron buckets. During the year further improvements were effected in the British Infantry Barracks, and two blocks of the new hospital nearly completed. Nowgong.—The general sanitary condition at this station was satisfactory. The water supply is obtained from protected wells, and is reported as being of good quality. A station family hospital was provided during the year, and some minor improvements effected in the station hospital.

Narbudda District.—Jubbulpore.—The general sanitary condition is reported as having been satisfactory. The water supply is obtained from a reservoir 5 miles from cantonments; it is distributed by pipes to the barracks, Sadr Bazar, &c., and is reported to be of good quality. The hospital accommodation proved insufficient and had to be supplemented by tents. The District Principal Medical Officer recommends the erection of a new separate family hospital, the present wards to be used for men. Pachmarhi.—Water is obtained from wells, one of which is reserved for the supply for drinking purposes. It is reported that this well is not properly protected, and recommendations that it should be covered in and a pump supplied to it have been made. The drainage of the bazar was much improved during the year.

Meerut District.—Meerut.—It is reported that owing to the station being on very nearly a level with the surrounding country thoroughly efficient drainage is difficult. The whole of the surface drains converge towards the "Abu Nulla," which is the main drain of the whole station. It has been recommended that this nulla should be connected with the Ganges canal, from which it could then be flushed periodically in the dry months, but up to the present time this has not been carried out. The water supply is from protected wells. Chemical examination of samples of the water has invariably given satisfactory results. Muttra.—The general sanitary condition was satisfactory. Water is obtained from covered wells, it is carried by hand in buckets to the barracks, &c., and is reported to be of good quality. Delhi.—Malarial fevers were very prevalent, and are considered to be due to the large amount of river bed close to the fort which is exposed to the sun when the water subsides after the cessation of the monsoon. Pending the extension of the municipal water supply to the fort, the supply for drinking is obtained from a well in the Delhi Bank compound outside the fort. Roorkee.—The general sanitary condition is reported as having been satisfactory. Water is obtained from protected wells. Landour.—The sanitary condition of this station also was satisfactory. Water of very good quality is obtained from a carefully protected spring at the foot of the hill. It is collected in covered tanks, and is carried by puckal mules to barracks. Chakrata.—No insanitary condition of importance was brought to

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notice. The water supply is reported to be of good quality but its distribution by means of mussacks as faulty. The hospital accommodation is insufficient, necessitating the occupation as wards, of two barracks, and thus causing day rooms in barracks to be used as dormitories in order to provide sufficient sleeping accommodation for the troops.

Sirhind District.—Umballa.—The water supply is obtained from the river "Tangri," some distance from cantonments. It is conveyed in aqueducts to the points of distribution, and is reported to be free from contamination; but the medical officer in charge objects to its being filtered through the Macnamara filters, which he considers may be only breeding grounds for bacilli if these should accidentally be admitted to the water before it is placed in the filters. He also objects to the plan adopted in recent years of meadowing the compounds and other spaces in cantonments, as, after the rainy season is over, under the blazing sun of August and September the excessive growth of rank vegetation undergoes rapid decay. To this plan of meadowing he ascribes the increase in the number of admissions for malarial fevers. Dagshai.—At this station enteric fever was again very prevalent. The same objectionable plan of burying night soil on a hill of limited area, which was commented on in the previous year's report, continued during the year; but representations on the subject having been made, a sum of Rs. 10,500 has been provided for 1895–96 for the purpose of incineration. It is hoped that this will have the effect of putting the station in a better sanitary condition. Subathu.—The general sanitary condition is reported as satisfactory, and the water supply of good quality and carefully protected from pollution. Solon.—The Medical Officer in charge reported that the Solon Bazar, which is in a native state, though quite close to the barracks, was in a very insanitary condition; representations were made, and resulted in various measures being adopted to remedy the defects brought to notice. The water supply is reported to be of good quality at its source, but liable to contamination by distribution by means of puckals. Fresh sites, at a considerable distance from the barracks, for trenching night soil were taken into use during the year, as the old sites were considered to be too close to the barracks, and suspected to be the cause of cases of enteric fever. The District Principal Medical Officer recommends that the old wooden latrines with earthen floors be removed, and new structures erected with impervious flooring. The hospital accommodation proved insufficient, rendering the use of a barrack hut as a ward for the sick necessary, and this resulted in some overcrowding in the barrack huts. Jutogh.—The general sanitary condition was satisfactory. An incinerator was in use for the destruction of night soil from barracks, but the trench system continued for the bazar.

Lahore District.—Mian Mir.—The water supply is obtained from a branch of the main canal, which leaves the River Ravi close to the foot of the Himalayas. It is reported that the water when it enters the canal is of good quality, but is liable to contamination *en route* by receiving the surface drainage of Sujanpur, a town of about 5,000 inhabitants, situated on the canal 103 miles above Mian Mir, and also by natives washing clothes and bathing at various places in the canal itself. The canal is emptied periodically for the purpose of being cleaned, and at these times pools of stagnant water collect in its bed and are made use of for the above-named purposes, consequently the water which runs through the canal when re-opened is at first very impure. In May, when there was a severe outbreak of enteric fever, it was found that the waterworks themselves were not in a satisfactory state; natives were living round the settling tank, the water was raised by bullocks, whose droppings caused an insanitary state of the vicinity, and were liable to be washed into the tanks during rain; the filter beds were irregular, the sand encrusted, and the walls of the tanks covered with slime; the enclosure had been allowed to run to jungle, which was converted by natives into a latrine, and the pipes supplying the mortuaries of the station and section hospitals were found to be in direct communication with the main, which, as the supply is intermittent, was objectionable. Representations were made on these points and all defects observed in the water works and subsequent distribution were removed. Water is now raised to the high level storage tank by steam power; the objectionable jungle and houses round the settling tank have been removed and the ground sloped away from the tank; the sand for the filter beds is sterilized by heat; intercepting tanks have been supplied to the mortuary pipes; the whole of the service pipes have been taken up and relaid, and a new filtering tank constructed. Fort Lahore. —The water supply is obtained from wells and is reported to be of indifferent quality; it was suspected to be partly the cause of the excessive prevalence of malarial fevers and consequently all drinking water was boiled during the unhealthy autumnal months. Ferozepore, Multan.—At both these stations the sanitary condition was satisfactory. Water is obtained from carefully protected wells and is reported to be of good quality. Jullundur.—It is reported that the drainage of the Royal Artillery lines is very defective, and that No. 2, Royal Artillery barracks is in a bad state of repair, requiring re-roofing.. The water supply is from wells; it is reported to be well protected from pollution, and to be chemically pure. Amritsar.—The situation of cantonments is low-lying and malarious, but the sanitary condition is reported to be as good as is possible. The water supply is obtained from carefully protected wells, and is reported as being of good quality. Dalhousie.—Objection is recorded to the pollution of the hill sides by the system of burying night soil and the use of incinerators is recommended. The water supply is reported to be of excellent quality; it is conveyed in pipes from a hill three miles distant from the barracks. Bhagsu.—It is reported that the sanitary condition of this station was satisfactory.

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Rawal Pindi District.—Rawal Pindi.—The general sanitary condition was satisfactory. The new water supply is reported to be so good that Macnamara filters are not now used in barracks. Sialkot.—The surface drainage is reported to be faulty, but owing to the level nature of the station and surrounding country it is not possible to remedy this defect. The water supply is from carefully protected wells, and is reported to be of good quality. Campbellpore, Attock.—At both these stations the general sanitary conditions were satisfactory. Water is obtained from protected wells, and is reported to be of good quality. Murree.—The new water supply was taken into use during the year. The medical officer writes: "The entire absence of enteric fever was " probably due to the excellence of the water supply, strict attention to " sanitary surroundings, effective supervision of milk and all supplies, and, " lastly, the early removal of night soil to the foot of the hill by wire tram- " way." Kuldanna, Gharial, Thobba, Khyra Gali, Lower Topa.—At all these stations the general sanitary condition is reported as satisfactory. The new Murree water supply was taken into use during the year. At Kuldanna the hospital accommodation is inadequate. Ghora Dhaka, Kalabagh, Bara Gali.—No insanitary condition at any of these stations was brought to notice. The water supply is obtained from springs, and is reported to be of good quality.

Peshawar District.—Peshawar.—The general sanitary condition was satisfactory, but the District Principal Medical Officer recommends that if possible the good pipe water supply be used in the swimming baths instead of the impure water from irrigation channels as at present. Nowshera.—The water supply is obtained from wells, and is considered by the District Principal Medical Officer to be liable to pollution, and to have probably been the cause of an outbreak of enteric fever. Steps are being taken to protect these wells. Cherat.—The water supply is from springs at Chuppri, about three miles from the barracks; it is reported to be of good quality, but liable to contamination during carriage in puckals. The hospital accommodation is insufficient.

Quetta District.—Quetta.—It is reported that the general sanitary condition was satisfactory, and the water supply of good quality and perfectly protected from pollution. Several improvements in the officers' quarters, barracks, &c., were carried out during the year.

II.—MADRAS.

The average strength of warrant officers, non-commissioned officers and men during the year was 13,407, an increase of 58 on the number during the previous year.

The following table shows the more important of the health statistics of the troops during the year:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Average constantly Sick.	Ratios per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally discharged.	Constantly Sick.
13,407	17,057	127	12	139	387	205	1189·37	1272·2	10·37	28·86	15·29	88·71

Comparing the above with the corresponding results in the preceding year an increase of 40·0 is observed in the admission rate, one of ·56 in the rate of mortality, and one of 3·70 per 1,000 in that of constantly sick, while compared with similar average ratios for the preceding ten years a decrease of 24·1 has occurred in the ratio of admission and one of 3·44 in the death rate, the ratio of constant inefficiency through sickness being higher by 8·97 per 1,000. With regard to this decennial comparison it must be pointed out that the figures for the year under report and for the five preceding years include the sickness and mortality among the troops in Upper Burma, which those for previous years did not.

The average sick time to each soldier was 32·38 days, which is longer than the corresponding period in the previous year by 1·35 and than the average period for the preceding ten years by 3·27 days. The average duration of each case of sickness was 25·45 days, which is about one-fourth of a day longer than the similar period in the previous year, and longer than the decennial average period by 3·00 days.

The loss to the Command by death and invaliding to England was 514 men, as compared with 475 in the previous year, and the loss to the service by death and final discharge as medically unfit for further service was 344, being in the ratio of 25·66 per 1,000 of strength, an increase of 6·19 on the corresponding rate in the preceding year.

A table, taken from the annual report of the Principal Medical Officer, Surgeon-Major-General C. E. McVittie, I.M.S., showing the most important of the statistics of sickness and mortality of the different districts and stations in the Command, is given in Abstract XXIV. Among the districts the Rangoon gave the highest admission ratio, 1472·2 per 1,000, the Madras coming next with 1469·0, followed by the Mandalay with 1458·1, the Secunderabad with 1286·6, the Southern with 1154·3, and the Belgaum and Bangalore district with 1058·6 per 1,000. In the previous year the highest and lowest admission rates were in the Mandalay and Southern districts respectively. Compared with corresponding ratios in the preceding year, the admission rates in the Secunderabad, Southern, and Rangoon districts have increased by 245·2, 117·2, and 82·9, and those in the Mandalay, Madras, and Belgaum and Bangalore districts have decreased by 115·3, 60·0, and 51·8 per 1,000 respectively. The highest mortality rate in any district was 20·00 per 1,000 in the Southern, followed by 13·80 in the Rangoon district; the lowest was 5·23 in the Mandalay district, and the next above 7·52 in the Belgaum and Bangalore district. In the preceding year the highest death rate was in the Rangoon, and the lowest in the Belgaum and Bangalore district. Compared with similar ratios in 1893, that in the Mandalay district has declined by 6·96 per 1,000, but all the remainder have increased, that in the Southern district by 12·22, and those in the Belgaum and Bangalore, Rangoon, Madras, and Secunderabad districts by 1·43, 1·17, 1·13, and ·43 per 1,000 respectively.

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With regard to individual stations, excluding those whose average annual strength was below 100 men, it is found that the highest admission rate was 1602·8 per 1,000 at Rangoon, in excess of the corresponding rate in the previous year by 239·5, and above the average rate for the preceding ten years by 235·1; the next ratio in order was 1558·3 per 1,000 at St. Thomas' Mount, higher in the two comparisons by 104·6 and 37·9 respectively, the ratio third in order being 1553·2 per 1,000 at Meiktila, below the previous year's and the decennial average rates by 105·7 and 73·8 respectively. The lowest admission rate was 909·6 per 1,000 at Bernardmyo, which is below the rate for 1893 by 432·3 and the average rate for the previous six years by 348·2; the ratio next above was 988·2 per 1,000 at Bangalore, lower than in 1893 by 226·4, and below the decennial average rate by 94·4, and then 1066·5 per 1,000 at Bellary, an increase of 30·0 on the last year's ratio, but below the average for ten years by 346·3. In the preceding year the highest admission rate was at Mandalay and the lowest at Calicut. The highest mortality rate was 28·57 per 1,000 at Cannanore, being greater than in the previous year by 19·14, and than the decennial average rate by 20·43; this was followed by 20·00 at Calicut, a decline of 28·54 in the former comparison, but an increase of 7·44 in the latter; then 19·15 per 1,000 at Rangoon, in excess of the previous year's and decennial average rates by ·93 and 3·75 respectively. At Port Blair there was no mortality, and at Bhamo the ratio was 3·79 per 1,000, below the rate in 1893 by 7·28, and less than that for the preceding six years by 22·82; the ratio next above was 4·12 at Shwebo, less by 8·13 and 8·99 respectively in the two foregoing comparisons. In the year before the highest mortality rate was at Calicut, and the lowest, *nil*, as in the year now under review, at Port Blair. The highest ratio of constant inefficiency through sickness was 117·59 per 1,000 at Mandalay, a decrease of 8·14 from the corresponding rate in the previous year, followed by 106·85 at Rangoon, a decline of 6·31, and by 91·71 at Meiktila, a decrease of 5·73; the lowest ratio constantly sick was 35·46 at Port Blair, less by 5·63 than in 1893; the next above were 48·19 at Bernardmyo and 60·60 at Bhamo, a decline of 24·35 and 5·82 respectively. In the preceding year the highest and lowest rates were also at Mandalay and Port Blair. Of the convalescent depôts the admission, death, and constantly sick rates at Poonamallee were 1487·2, 64·10, and 230·77 per 1,000, the former being lower than in the year before by 17·1, and the mortality and constantly sick rates higher by 55·41 and 39·47 per 1,000. The high death rate in the year under report was dependent upon 5 deaths in a comparatively small strength; in the last year only one death occurred. At Wellington the three rates were 1182·9, 5·41, and 69·37 per 1,000 respectively, but as the statistics of the regiment at the station are also included by the Principal Medical Officer, comparison with the figures given in the corresponding table for last year, when the details of the regiment were given separately, would be of no value.

The most important medical statistics of the different arms of the service, and of the several regiments, batteries, or corps which served in the Command during the year will be found in a table taken from the report of the Principal Medical Officer, and given in Abstract XLII.

In the cavalry the admission rate was 1274·4 per 1,000, lower than in 1893 by 99·1; the death rate, 10·34, shows an increase of 2·43, and the constantly sick rate 98·66, a decline of ·81. The average sick time to each soldier, 36·01 days, is shorter than the corresponding period in the preceding year by ·30 of a day, while the average duration of each case of sickness, 28·26, is longer by 1·83 days. In the artillery the admission, death, and constantly sick rates, 1267·8, 13·92, and 91·87 per 1,000 are higher than in the year before by 65·9, 5·27, and 5·52 per 1,000 respectively. The average sick time to each soldier was 33·53, longer by 1·62 days, and the average duration of each case of sickness, 26·45 days, fractionally shorter than in 1893. In the Royal Engineers the ratio of admission, 340·4 and that of constantly sick 15·32 per 1,000 were lower by 207·2 and 10·63 respectively; the death rate was 21·28 as against *nil* in the previous year. The average sick time to each soldier, 5·59, and the average duration of each case of sickness, 16·42 days, are both shorter than in last year, the former by 3·88 days and the latter by ·87 of a day. In the infantry the admission rate, 1310·5 per 1,000, has increased by 68·1 as compared with the corresponding rate in the previous year, and the constantly sick rate, 89·56 per 1,000, by 6·95, but the mortality rate, 7·80 per 1,000, has *ras.*

declined by 1·61. The average sick time to each soldier was 32·68 days, longer than the corresponding period in the year before by 2·53, and the average duration of each case of sickness, 24·94 days, was longer by ·67 of a day.

With regard to the influence of age on the sickness and mortality among the troops, it will be seen from the accompanying table that the admission rate was highest among men under 20 years of age, 1473·4 per 1,000, falling to 1411·7 among men between 20 and 25 years; in the next quinquennium it decreased a good deal, to 1086·2, falling still further, to 1006·8, among men between 30 and 35 years of age; among men between 35 and 40 years the ratio rose slightly, to 1073·7, the lowest rate of all, 712·8, occurring among men of 40 years and upwards. In the previous year the ratio for men under 20 years of age was comparatively low, the highest rate occurring among men between 20 and 25 years, and the lowest among men between 35 and 40. Comparing the ratios with the corresponding results in the preceding year, a decrease of 69·9 per 1,000 is observed in that among men between 20 and 25 years of age, but in all the other ratios an increase has occurred, that among men under 20 years being 671·5, and among men between 35 and 40 years 655·2. The mortality ratio was lowest among men under 20 years of age, 5·91 per 1,000, rising through the succeeding periods to 16.87 per 1,000 among men between 30 and 35, falling to 6·41 among men in the next quinquennium, and then rising to 31·91, the highest rate, among men of 40 years of age and upwards. In the previous year the sequence of ratios was not similar, and the lowest mortality rate occurred among men between 25 and 30 years, although the highest was, as in the year under report, among men of 40 years and upwards. Comparing the ratios with those for 1893 an increase of 5·93 and 3·59 respectively is observed in those of men between 30 and 35 and between 25 and 30 years, but a decline is observed in all the others, the greatest being equal to 9·08 per 1,000 among men of 40 years of age and upwards.

Ages.	Average Strength.	Admissions.	Deaths in Command.	Invaliding.	Ratios per 1,000 of Strength.		
					Admissions.	Deaths.	Invaliding.
Under 20 years - -	338	498	2	9	1473·4	5·91	26·62
From 20 to 25 years -	7,598	10,726	63	216	1411·7	8·29	28·43
„ 25 „ 30 „ -	4,176	4,536	42	132	1086·2	10·06	31·61
„ 30 „ 35 „ -	889	895	15	17	1006·8	16·87	19·12
„ 35 „ 40 „ -	312	335	2	10	1073·7	6·41	32·05
Over 40 years - -	94	67	3	3	712·8	31·91	31·91
Total - -	13,407	17,057	127	387	1272·2	9·47	28·86

The next table is given to show as far as possible the influence of length of service in the country on the sickness and mortality among the troops during the year:—

Length of Service.	Average Strength.	Admissions.	Deaths.	Invaliding.	Ratios per 1,000 of Strength.		
					Admissions.	Deaths.	Invaliding.
Under 1 year - -	2,409	3,230	31	36	1340·8	12·87	14·94
From 1 to 2 years -	3,282	4,241	26	88	1292·2	7·92	26·81
„ 2 „ 3 „ -	2,704	3,373	22	97	1247·4	8·13	35·87
„ 3 „ 4 „ -	1,806	2,496	11	35	1382·1	6·09	19·38
„ 4 „ 5 „ -	1,177	1,411	11	59	1198·8	9·34	50·12
„ 5 „ 10 „ -	1,640	1,997	21	60	1217·7	12·80	36·58
10 years and upwards	389	309	5	12	794·3	12·85	30·84
Total - -	13,407	17,057	127	387	1272·2	9·47	28·86

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The admission ratio among men in their first year of Indian service was high, 1340·8 per 1,000, but the highest rate, 1382·1, occurred among men in their fourth year, the former being higher by 32·4 and the latter by 311·0 than corresponding ratios in 1893. The rates among men in their second and third years of service, 1292·2 and 1247·4 per 1,000, are lower than in the last year by 574·4 and 89·9 respectively, while that for men between 5 and 10 years of service, 1217·7, is higher by 433·2. The lowest rate was, as usual, among men of 10 years' service and upwards, 794·3, as compared with 495·5 in 1893, the next above being 1198·8 among men in their fifth year, against 1159·4 in the year preceding. The mortality rate was highest, 12·87 per 1,000, among men in their first year of service, next 12·85, among those 10 years and upwards and 12·80 among those between 5 and 10 years in the country, then followed in order 9·34 among men in their fifth year, 8·13 among those in their third year, 7·92 among men in their second year, and lowest, 6·09 per 1,000, among men in their fourth year. Compared with the ratios for 1893, when the highest rate was among men of 10 years' service and upwards and the lowest among those in their third year, an increase of 5·05 per 1,000 has occurred in that among men in their third year, one of 4·83 in that among men between 5 and 10 years, and one of 2·24 among men in their first year, while decrease is observed in the ratios of men at all other periods of service, ranging from 5·25 among those of 10 years and upwards to 1·00 among men in their fifth year.

In Abstract XXII. will be found the more important health statistics of the troops, arranged according to the different groups and orders of diseases, and in Abstract XXIII. the statistics of sickness and mortality from the various orders of diseases in each of the military districts.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—Under the head of *eruptive fevers* 6 admissions are returned against 4 in the preceding year. The ratio of admission was ·5 as compared with ·3. Small-pox caused one admission at Belgaum; the previous year there was no admission for this disease. The remaining cases were 2 each of scarlet fever and measles and 1 of chicken-pox.

Enteric Fever caused 138 admissions and 39 deaths, as compared with 153 and 44 respectively in 1893. The ratio of admission was 10·3, a decrease of 1·2 as compared with the corresponding rate in the previous year, and below the octennial average rate by 1·1 per 1,000. The death rate, 2·91 per 1,000, is lower in both these comparisons, by ·39 and ·42 respectively. The per-centage of mortality to attack was 28·3, as compared with 28·7 in the preceding year, and with 29·3 the octennial average. In Abstract XXV. will be found a table taken from the report of the Principal Medical Officer, showing the stations at which the admissions for, and deaths from, enteric fever took place in each of the four quarters of the year. It will be observed that the greatest number of attacks was 67 in the third quarter with 16 deaths; 32 admissions and 7 deaths occurred in the fourth quarter, 27 and 11 in the second, and 12 cases with 5 deaths in the first quarter. The number of stations at which the disease appeared was 13, the same as in the previous year, and Secunderabad was also the station at which the greatest number of cases were recorded, the admissions being 61 and deaths 15, as compared with 48 and 16 in the preceding year. Of the cases 30 and 5 deaths occurred in the third quarter of the year, 16 and 4 deaths in the fourth, 8 with 4 deaths in the first, and 7 and 2 deaths in the second quarter. The admissions were pretty evenly distributed throughout the station and as usual, occurred mostly among young men who had recently arrived in the country, 46 out of the 61 cases being in men between 20 and 25 years of age with an average service in India of about eighteen months. The Medical Officer in charge of the station hospital states that the cause of the disease could not be traced, but the majority of the cases were doubtless contracted in the bazars. At Bangalore there were 39 cases and 11 deaths, as compared with 36 cases and 5 deaths in 1893; they occurred as follows:—20 with 3 deaths in the third quarter, 12 and 5 in the second, 5 and 2 in the fourth, and 2 cases with 1 death in the first quarter of the year. It is stated that the usual factors, youth and short residence in the country, were again forcibly present, and, as in former years, the majority of the cases occurred between May and November, or during the moist season; they came from various barracks in all parts of the station, and in no single instance adras.

could the disease be traced to any definite source; the milk supply was under strict supervision and all water carefully boiled before use. At Madras there were 8 admissions and 2 deaths as against 37 and 8 in the year before; all were admitted from different parts of Fort St. George; 1 occurred in February, 1 in August, 2 in September and 4 in October. No defect in sanitation was detected in barracks and the water was boiled before use; the disease probably originated out of barracks. There were also 8 admissions with 2 deaths at Mandalay; 6 of the former and the deaths occurred in the third and the remaining 2 admissions in the fourth quarter. Two of the cases were in men who had been shooting, living for eight days in a native village, and in a third the patient, who had been on escort duty, had several times partaken of suspicious water. At Wellington, where there was one fatal case in the year before, 5 admissions and 3 deaths are recorded; 3 with 2 deaths occurring in the second quarter, 1 with 1 death in the third, and 1 admission in the first quarter; in three cases the disease may have been contracted in the plains as the men were admitted soon after arrival, and in the others no cause could be found in barracks. Three cases and 1 death were recorded at Rangoon, as compared with 13 and 4 in the year preceding; 2 with the death in the third and 1 in the fourth quarter; all were recent arrivals and the origin of the disease is stated to be obscure. There were also 3 cases with 1 death at Meiktila, against 2 and 1 in 1893, 2, one fatal, in the second quarter, and the other in the fourth quarter of the year; no insanitary condition could be found in barracks, but the method of obtaining water from the lake is considered open to objection. At Thayetmyo there were 2 fatal cases, and at Calicut 2 admissions with one death are returned, the fatal case being in a man of intemperate habits, who drank largely of native liquors in the bazars, and the other in a comrade who had nursed him; 2 cases with 1 death occurred at Belgaum, 2 cases each at St. Thomas' Mount (which was free from the disease last year) and Malapuram, and a single case at Bhamo.

Simple Continued Fever was the cause of 360 admissions, being in the ratio of 26·8 per 1,000, below the corresponding rate in the previous year by 25·4, and lower than the average rate of the preceding eight years by as much as 41·7. The ratio constantly sick from this fever was ·98 per 1,000, a decrease of 1·49 from the rate in 1893, and of 2·20 from the average rate. The greatest prevalence of these fevers was in the Madras district, the ratio being 105·1 per 1,000; this rate was followed by 49·8 in the Rangoon district, 28·6 in the Southern district, 27·1 in the Belgaum and Bangalore district, 7·5 in Secunderbad, and 2·6 in the Mandalay district. In the previous year the highest and lowest ratios occurred in the same districts. Compared with corresponding rates in the previous year that in the Southern district has increased by 2·7, but in all the others a decrease is observed, ranging from 56·5 and 55·9 per 1,000 in the Secunderabad and Madras districts to 2·5 in the Belgaum and Bangalore district.

Cholera caused only one admission, the case, however, proving fatal; it occurred at Meiktila in September, and is stated to be the only case which has occurred since the station has been occupied by British troops. The disease was supposed to have been imported, but careful enquiry failed to discover the source. The ratios of admission and mortality, ·1 and ·07 per 1,000, are identical with those for the year before, but below the corresponding octennial average rates by 1·2 and ·92 respectively.

Dysentery.—444 admissions and 7 deaths are returned, being in the ratios of 33·1 and ·52 per 1,000. The admission rate is lower than in the previous year by 2·7, and than the average rate of eight years by 16·5 per 1,000; the death rate is lower in the two comparisons by ·08 and ·62 respectively. In Abstract XXVII. there is a table taken from the report of the Principal Medical Officer, in which is given the prevalence of dysentery in each of the divisions of the Command, and in Abstract XXVIII. there is a table showing the prevalence of, and mortality from, this disease in each quarter of the year. The greatest prevalence of dysentery in any district was in that of Rangoon, where the ratio amounted to 58·6 per 1,000; the next rate was 58·0 in the Madras district, followed by 35·5 in Secunderabad, 27·7 in the Mandalay district, and 25·3 and 18·0 respectively in the Southern and Belgaum and Bangalore districts. In the previous year also the greatest prevalence of dysentery was in the Rangoon district and the least in the Belgaum and Bangalore

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district. Comparing the ratios of the two years there is an increase of 23·1 per 1,000 in that of the Madras district, one of 3·3 in that of the Mandalay district, and a fractional one in that for the Rangoon district; but in the rates of the other districts a decrease is observed, being 11·5 in Secunderabad, 4·9 in the Belgaum and Bangalore, and 1·9 in the Southern district. The highest ratio of mortality was 1·37 per 1,000 in the Southern district, the next, 1·02 in the Madras district, then ·98 in the Rangoon district and ·68 in Secunderabad, there being no mortality from dysentery in the remainder. With regard to seasonal prevalence, the third quarter of the year gave the highest admission rate, 11·0 per 1,000, the rate in the second quarter being 7·6, that in the fourth quarter 7·5, and that in the first quarter 7·0. In the preceding year also the quarterly ratios of prevalence were in the same order. Compared with corresponding ratios in the previous year there is a fractional increase in those for the first and fourth quarters but those for the second and third quarters have declined by 2·5 and ·4 respectively. The highest ratio of mortality was ·15 in the second and fourth, then ·14 in the third and ·07 in the first quarters.

Influenza caused 91 admissions, equal to a ratio of 6·7 per 1,000, and there was one death from this disease. Of the cases, 71 occurred at Madras in May, June, and July, the disease being probably imported by drafts from the United Kingdom passing through on their way to Burma. It is stated that the cases were severe, causing much debility.

The remaining admissions in the first sub-group of diseases were 14 of mumps.

Malarial Fevers were the cause of 2,637 admissions and 7 deaths, being in the ratios of 196·7 and ·52 per 1,000 respectively. Compared with corresponding ratios in the preceding year an increase of 54·4 is observed in the ratio of admission and one of ·14 in that of mortality, while compared with similar average ratios for the previous eight years there is a decline of 20·1 in the admission rate and one of ·53 in the death rate. The ratio constantly sick for these fevers was 7·29 per 1,000, as compared with 4·88 in 1893 and 7·54 the octennial average rate. In Abstract XXIII. is given the prevalence of malarial fevers in the different districts. It will be observed that, as in preceding years, by far the greatest prevalence of these fevers was in Burma, the highest ratio, 363·2 per 1,000, being in the Rangoon district, and the next, 331·9, in the Mandalay district. The third ratio was 209·1 per 1,000 in Secunderabad, then 133·8 in the Madras district, 87·2 in the Belgaum and Bangalore district, and, lastly, 22·8 in the Southern district. In the previous year the highest ratio occurred in the Mandalay, and the lowest in the Madras, districts. Compared with corresponding ratios in 1893 the admission rate for the Rangoon district has increased by 171·4, that for the Madras district by 119·1, and that for Secunderabad by 110·9; a small increase, 2·9, is observed in the rate for the Southern district, while that for the Mandalay district has declined by 101·7 and that for the Belgaum and Bangalore district by 8·5 per 1,000. With regard to mortality there were 3 deaths, or 1·57 per 1,000, in the Mandalay district, 3, or 1·48 per 1,000, in the Rangoon district, and 1, or 1·11 per 1,000, in the Madras district; in the remainder there was no mortality. Of the total number of admissions 2,452 are returned as ague, 107 as remittent fever, 76 as malarial cachexia, and 2 as beri-beri. The cases which terminated fatally were 5 of remittent fever and one each of ague and beri-beri.

Septic Diseases were represented by 11 cases of erysipelas.

Venereal Diseases.—There were 2,629 admissions for *primary syphilis*, equal to a ratio of 196·1 per 1,000, which is higher than that in the previous year by 34·9, and than the average rate of the preceding eight years by 76·4. The ratio constantly sick was 17·32 per 1,000, above the last year's rate by 3·15 and in excess of the average rate by 6·80. Including the sickness for simple venereal ulcer, for which there were 689 admissions and 62·12 men constantly sick, the ratio of admission for primary venereal sores was 247·5 per 1,000, which is higher than in the previous year by 18·1 and than the average of eight years by 62·3. The ratio constantly sick was 21·95 per 1,000, which is also higher in both these comparisons by 2·62 and 6·86 respectively.

Secondary syphilis caused 1,359 admissions and 2 deaths, including one of an invalid who had left the Command. The ratio of admission, 101·4 per 1,000, is above the corresponding rate in 1893 by 15·8 and above the octennial average

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rate by 40·6. The ratio constantly sick was 10·63, above the last year's rate by ·33, and 3·78 higher than the average of eight years. *Gonorrhœa* caused 2,251 admissions, and there were 180·35 men constantly sick from this affection. The admission ratio, 167·9 per 1,000, is practically the same as in the preceding year, but is 21·3 higher than the eight years' average rate; the constantly sick rate, 13·45 per 1,000, is higher in these comparisons by ·32 and 2·65 respectively. Including all forms of venereal disease the total admission rate was 516·8 per 1,000, which shows an increase of 33·8 on the previous year's rate, and one of 124·2 on the octennial average rate. The total rate of constant inefficiency from venereal diseases was 46·03 per 1,000, higher than the corresponding rate in 1893 by 3·27 and above the average rate by 13·29.

The comparative prevalence of venereal diseases, not including simple venereal ulcer, in the different districts, is given in Abstract XXIII. With regard to primary syphilis, it is shown that the highest ratio was 267·1 per 1,000 in the Secunderabad district; the next, 212·3, in the Belgaum and Bangalore district; and 179·9 in the Rangoon district; the Madras, Mandalay, and Southern districts follow in order with 150·4, 136·1, and 108·6 per 1,000 respectively. In the previous year the highest ratio occurred in the Mandalay district and the lowest in Secunderabad. Compared with the preceding years' return an increase of 118·6 is observed in the Secunderabad, one of 44·7 in the Belgaum and Bangalore, and one of 23·1 in the Rangoon district, while in the Southern, Mandalay, and Madras districts the ratios have declined by 64·3, 48·5, and 11·5 respectively. The highest ratio of prevalence of secondary syphilis was 129·3 per 1,000, in the Belgaum and Bangalore district, the next being 117·3 in the Madras, 89·2 in the Rangoon, 77·8 in the Secunderabad, 70·2 in the Mandalay, and, lastly, 60·0 in the Southern district. In the year before the highest rate was in the Madras and the lowest in the Southern district. Compared with corresponding ratios in the preceding year an increase of 25·0 has occurred in the ratio for the Belgaum and Bangalore district, one of 16·4 in Secunderabad, one of 8·1 in that for the Southern district and a fractional one in the rate for the Rangoon district, while in the Mandalay and Madras districts there is a decline of 2·9 and 2·3 respectively. Gonorrhœa was most prevalent, 222·8 per 1,000, in the Southern district, this is followed by 202·6 in the Mandalay and 202·4 in the Madras district, 166·8 in Secunderabad, 159·6 in the Rangoon, and 148·9 in the Belgaum and Bangalore district. In the previous year the highest and lowest rates were in the Madras and Secunderabad districts. Compared with the previous year's return the admission rate in the Southern district has increased by 67·2 per 1,000, that in the Mandalay district by 19·8, and that in Secunderabad by 11·8, the most marked decrease being 27·3 in the Belgaum and Bangalore district. Taking all the above forms of venereal disease together the highest ratio of admission in any district was 511·7 per 1,000, in Secunderabad, followed by 490·5 in the Belgaum and Bangalore district, 470·1 in the Madras, 428·7 in the Rangoon, 408·9 in the Mandalay, and 391·4 in the Southern district. In 1893 the highest ratio was in the Madras district and the lowest in Secunderabad. Compared with corresponding ratios in the preceding year an increase of prevalence equal to 146·8 per 1,000, is observed in Secunderabad, one of 42·4 in the Belgaum and Bangalore district, one of 15·9 in the Rangoon and of 11·0 in the Southern district, but a decrease has occurred in the ratios of the Mandalay and Madras districts, equal to 31·6 per 1,000 in the former and 14·7 in the latter. In the Depôts the ratio of admission for these diseases was 447·8 per 1,000.

Parasitic Diseases caused 22 admissions as compared with 52 in the previous year. Of the admissions, 17 were cases of tænia solium and 4 of filaria medinensis.

There was no case of *scurvy*, but *alcoholism, &c.* caused 64 admissions and 1 death, as compared with 94 and 1 in the previous year. Two of the admissions were due to delirium tremens, 61 and the death to alcoholism, and 1 to surfeit.

Debility, &c.—174 admissions are returned, equal to a ratio of 13·0 per 1,000, which is lower than in the preceding year by 6·9 and than the octennial average rate by 16·3. The highest ratio of admission was 31·4 in the Mandalay district, the next 24·3 in the Madras district; the lowest ratio was

1·7 in Secunderabad, and next above 6·8 in the Belgaum and Bangalore district. In the previous year the highest rate was in the Madras and the lowest in the Southern district. *Madras.*

Rheumatism in some form caused 362 admissions and 1 death, equal to ratios of 27·0 and ·07 per 1,000 respectively. The admission rate is lower by 6·6 than that for 1893, and below the average rate of eight years by 5·8; the death rate is the same as in the year before, but higher than the average by ·01. Out of the total number of admissions there were 12 for rheumatic fever, one being fatal. The greatest prevalence of rheumatism was in the Rangoon district, the ratio being 36·0 per 1,000; this was followed by 33·5 in the Mandalay district, 27·6 in Secunderabad, 19·9 in the Madras district, 16·0 in the Belgaum and Bangalore district, and 14·3 in the Southern district. In the year before the highest and lowest ratios occurred in the same districts. Compared with corresponding ratios in the previous year a fractional increase is observed in the rate for the Mandalay district, but all the others have declined, the Madras district by 22·4, the Rangoon district by 11·3, the Belgaum and Bangalore district by 8·3, the Southern by 8·2, and the Secunderabad district by 1·8.

Tubercular Diseases.—39 admissions and 8 deaths are recorded, including 4 invalids who died after leaving the Command. The admission and mortality rates, therefore, were, 2·9 and ·60 per 1,000, as compared with an admission ratio of 3·4 and an identical mortality rate in the previous year, and 3·0 and ·71, the average of the preceding eight years. 38 of the admissions and all the deaths were due to lung affection. The greatest prevalence of tubercular disease was in the Rangoon district, the ratio being 3·5 per 1,000; the next rate was 3·3 in the Madras district, then 3·1 in Secunderabad, 2·9 in the Southern, 2·5 in the Belgaum and Bangalore, and 1·1 in the Mandalay district. Last year the highest and lowest rates occurred in the same districts as in the year under report. Compared with the return for 1893 the rates in the Secunderabad, Mandalay, Belgaum and Bangalore, and Southern districts show an increase, while decrease is observed in the remainder.

Other diseases of this group caused 179 admissions and 1 death, the admission rate being 13·3 per 1,000 as compared with 19·4 in the year before. There were 150 admissions for anæmia, 23 for non-malignant new growth, 3 for scrofula, and 1 each for sarcoma, carcinoma (fatal), and leucocythæmia.

LOCAL DISEASES.—*Diseases of the Nervous System* caused 109 admissions, and 1 death, equal to ratios of 8·1 and ·07 respectively, below the last year's rates by 3·4 and ·46, and below the octennial average rates by 3·8 and ·39. These diseases were most prevalent in the Madras district, the ratio being 12·2 per 1,000, next came 11·3 in the Rangoon, 7·9 in the Mandalay, 7·5 in the Secunderabad, 6·5 in the Belgaum and Bangalore, and 5·7 in the Southern district. In 1893 the highest ratio was in the Rangoon and the lowest in the Mandalay district; the rate in Secunderabad is the same as in that year, while that for the Mandalay district has increased by ·9; in the remainder the ratios have decreased, in the Southern district by 7·2, in the Rangoon by 6·4, in the Belgaum and Bangalore by 4·1, and in the Madras district by 3·5 per 1,000. There were 17 cases of mental disease, the admission ratio being 1·3 per 1,000, as compared with 1·8 in the preceding year and 1·8 the octennial average rate, and among the remaining admissions were 55 for neuralgia, 13 for paralysis, and 5 for epilepsy. The death was due to apoplexy.

Diseases of the Eye were the cause of 147 admissions, equal to a rate of 11·0 per 1,000, which is below the corresponding rate in the previous year and the average rate of eight years by ·08 and 2·0 respectively. The greatest prevalence of ophthalmic affections was in the Belgaum and Bangalore district, the rate being 13·5 per 1,000, followed by 12·9 in Secunderabad, and 9·9 in the Mandalay district; the lowest ratio was 5·4 in the Rangoon district, next above being 8·6 and 8·9 in the Southern and Madras districts. In the previous year the highest rate was in the Madras and the lowest in the Rangoon district, and comparing the ratios of the two years an increase, equal to 3·1 and 2·2 respectively, has occurred in those for the Secunderabad and Belgaum and Bangalore districts, but decrease is observed in the remainder, varying from 8·6 in the Madras district to 3·5 in the Southern district. Nearly four-fifths of the cases were due to conjunctivitis.

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Diseases of other Organs of Special Senses.—The admission ratio for these affections was 10·7 per 1,000, a decline of 3·8 from the last year's rate, and below the average rate by 2·6. The highest admission rate for these affections was 34·3 per 1,000 in the Madras district, the next, 17·3 in the Rangoon district; the lowest rate was 4·4 in Secunderabad, the next above being 5·7 in the Southern district. In the previous year the highest and lowest rates were in the Madras and Belgaum and Bangalore districts. The ratio for the Rangoon district remains the same as in 1893, and that for the Madras district has increased by 11·3, while those for the remainder have declined, notably a fall of 12·5 per 1,000 in the Southern district. There was only one admission for disease of the nose, the remainder being cases of aural affection, principally inflammation of the external meatus.

Diseases of the Circulatory System caused 63 admissions and 7 deaths, the latter including that of an invalid after leaving the Command. The admission rate, 4·7 per 1,000, is below the rate in the previous year by 2·1, and below the average rate of eight years by 3·3, the death rate, ·52 per 1,000, being higher in the two comparisons by ·22 and ·12 respectively. Among the different districts the Secunderabad gave the highest admission rate, 6·2 per 1,000; the next ratio was 5·7 in the Southern, then 5·2 in the Mandalay, 5·0 in the Belgaum and Bangalore, 3·5 in the Rangoon, and 1·1 in the Madras district. In the previous year the highest ratio was in the Madras and the lowest in the Southern district. Compared with last year's return the admission rates in the Southern, Belgaum and Bangalore, and Secunderabad districts have increased by 3·1, 1·1, and ·6 respectively, while a decrease of 14·5 is noted in the ratio for the Madras district, one of 6·8 in that for the Rangoon district, and one of 5·3 in that for the Mandalay district. There was no mortality in the Madras, Rangoon, or Mandalay districts, but the ratios in the other districts were 5·71 in the Southern, ·50 in the Belgaum and Bangalore, and ·68 in the Secunderabad district. The principal causes of admission were, palpitation 22 cases, valvular disease of the heart 15, dilatation of heart 11, and varix 6. The deaths in the country were 3 from aneurysm, 2 from fatty degeneration, and 1 from valvular disease of the heart, the latter disease also causing the death of the invalid.

Diseases of the Respiratory System.—357 admissions and 6 deaths are returned, equal to ratios of 26·6 and ·45 per 1,000 respectively. The admission rate is higher than the corresponding rate in 1893 by 3·8, and fractionally above the octennial average rate; the death rate is the same as in the previous year but ·27 below the average. The highest admission ratio for respiratory affections in any district was 34·8 per 1,000 in Secunderabad, the next, 34·3, in the Madras district, followed by 32·0 in the Rangoon, 21·3 in the Belgaum and Bangalore, 16·8 in the Mandalay, and 11·4 in the Southern district. In the year before the highest ratio was in the Madras district and the lowest in Secunderabad. Compared with last year's return the admission rate in Secunderabad has increased by 14·9, that in the Rangoon district by 11·4, and that in the Madras district by 7·7, while in the Southern, Mandalay, and Belgaum and Bangalore districts there is a decline of 11·9, 5·3, and 1·7 respectively. There was no mortality in the Southern, Secunderabad, or Mandalay districts, but the ratio was 1·11 in the Madras, ·75 in the Belgaum and Bangalore, and ·49 in the Rangoon district. Bronchitic affections alone caused 294 of the admissions, and among the remainder were 32 of pneumonia and 16 of pleurisy. The deaths were 5 from pneumonia and 1 from gangrene of lung.

Diseases of the Digestive System were the cause of 1,304 admissions and 26 deaths, of which 6 occurred in invalids who had left the Command, being in the ratios of 97·3 and 1·94 per 1,000. The admission rate is lower than the corresponding rate in the preceding year by 3·6, and than the octennial average rate by 34·9 per 1,000. The death rate is higher than in 1893 by ·29, but below the eight years' average by ·41. The Southern district gave the highest ratio of prevalence, 134·4 per 1,000; next came 121·7 in the Madras district, then 112·0 in the Mandalay, 97·2 in the Secunderabad, 87·2 in the Rangoon, and 85·2 in the Belgaum and Bangalore district. In the previous year the highest rate was in the Mandalay, and the lowest in the Southern district. Compared with the return for 1893 an increase of 54·9 has occurred in the ratio of the Southern district, one of 17·0 in that of Secunderabad, and of 11·3 in that of the Madras district, but in the others a decrease is observed equal to 29·0 in the Mandalay,

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20·0 in the Rangoon, and 13·3 in the Belgaum and Bangalore district. Mortality was greatest in the Rangoon district, the ratio being 3·45 per 1,000; the next was 3·32 in the Madras district, then 2·86 in the Southern district, 1·02 in Secunderabad, ·75 in the Belgaum and Bangalore, and ·52 in the Mandalay district. In the previous year there was no mortality in the Southern, and the highest rate was in the Rangoon district. Compared with last year's return an increase of 2·86 is observed in the ratio for the Southern district, one of 1·48 in that for the Madras district, one of ·64 in that for the Rangoon district, and one of ·04 in that for Secunderabad, but there is a decrease of ·65 in the Mandalay, and of ·63 in the Belgaum and Bangalore district. The principal causes of admission were affections of the mouth and throat 414 cases, inflammation of stomach 90, inflammation of intestines 225, diarrhœa 48, piles 46, and hepatic diseases 416, including 16 cases of abscess of the liver. The deaths in the country were 13 from abscess of the liver, 3 from peritonitis, 3 from inflammation of the intestines, and 1 from cirrhosis of the liver.

In Abstract XXVII. is a table showing the prevalence of, and mortality from, diarrhœa and hepatitis and abscess of the liver in each of the divisions of the Command during the year, and in Abstract XXVIII. there is a table showing the prevalence of, and mortality from, these diseases in each quarter of the year. The admission ratio for diarrhœa was 3·6 per 1,000, as compared with 1·5 in 1893; there was no mortality in either year. The greatest prevalence was in the Madras district, the ratio being 6·1 per 1,000, in excess of the corresponding rate in the previous year by 4·4; the ratio next in order was 4·8 in Secunderabad, a fractional decrease. This was followed by 4·2 in the Mandalay, 2·7 in the Southern, 2·0 in the Rangoon, and 1·8 in the Belgaum and Bangalore district, all of which show an increase, equal to 3·1, 2·1, 2·0, and 1·8 per 1,000 respectively, there having been no admissions in the year before in the two districts last mentioned. The third quarter of the year shows the largest number of cases, 17, the ratio being 1·2 per 1,000, and in the fourth quarter, when the average strength was smaller, the ratio remained the same, dependent upon 16 cases; in the second and first quarters the ratios were ·6 and ·5 respectively. In the year before the first quarter gave the highest ratio and the fourth quarter the lowest. The admission rate for hepatitis and abscess of the liver was 8·8, and the death rate ·97 per 1,000, the former being higher by 1·7 and the latter lower by ·15 than similar ratios in the preceding year. The highest ratio of prevalence of these diseases in any district was 24·4 per 1,000 in that of Madras, the next being 11·0 in the Mandalay district, 9·5 in Secunderabad, 8·4 in the Rangoon, 5·5 in the Southern, and 5·0 in the Belgaum and Bangalore district. In the last year the highest rate was also in the Madras district, but in the Southern district the ratio was *nil*. Compared with corresponding rates in 1893, a decrease of 1·1 has occurred in that for the Belgaum and Bangalore district, but in all the others an increase is observed, equal to 12·8 in the Madras, 5·5 in the Southern, 2·3 in the Rangoon, ·6 in the Mandalay, and ·4 in the Secunderabad district. The highest mortality rate was 3·05 per 1,000 in the Madras district, followed by 2·46 in the Rangoon, ·68 each in the Southern and Secunderabad, ·50 in the Belgaum and Bangalore, and *nil* in the Mandalay district. In the year preceding the highest death-rate was in the Rangoon district, but there was no mortality in either the Madras or Southern districts. Comparing the ratios of the two years, there is an increase of 3·05 in the Madras, one of ·68 in the Southern, and a fractional one in the Secunderabad district, but in the Belgaum and Bangalore, Mandalay and Rangoon districts, the ratio has declined by ·88, ·58, and ·35 per 1,000 respectively. With regard to seasonal prevalence, the highest ratio was 2·7 in the first quarter of the year, next 2·4 each in the third and fourth quarters, and 1·3 in the second. In the preceding year the greatest prevalence was also in the first quarter, but the least was in the fourth. Mortality was highest in the first quarter, ·31 per 1,000, next in the third ·29, then in the fourth, ·22, and lowest in the second quarter, ·15.

Diseases of the Lymphatic and Glandular System were the cause of 445 admissions, equal to a ratio of 33·2 per 1,000, which is above the corresponding rate in the previous year by ·3, but below the octennial average rate by 17·0. These diseases were most prevalent in the Southern district, the ratio being 80·0 per 1,000; the next rate was 45·1 in Secunderabad, followed by 38·6 in the Belgaum and Bangalore, 24·3 in the Madras, 22·7 in the Rangoon, and

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21·5 in the Mandalay district. In the preceding year the highest ratio was in the Madras district, and the lowest in Secunderabad. Compared with last year's return an increase of 49·7 is observed in the ratio for the Southern district, one of 28·8 in that for Secunderabad, and one of 3·7 in that for the Belgaum and Bangalore district, while in the Madras, Mandalay, and Rangoon districts a decrease is observed equal to 38·3, 19·7, and 12·9 per 1,000 respectively. The principal causes of admission were inflammation and suppuration of the inguinal glands, and among the remainder were 5 cases of splenic disease and one of goitre.

Diseases of the Urinary System caused 26 admissions and 4 deaths, being in the ratios of 1·9 and ·30 per 1,000, as compared with 1·3 and ·07 in the previous year, and with 2·8 and ·14 the average ratios of the preceding eight years. The highest ratio of prevalence in any district was 3·0 in that of Rangoon, while in the Southern district there was no admission for urinary disease. In the preceding year the Madras district gave the highest rate. Among the cases treated were 6 of acute nephritis, 4 of Bright's disease, 8 of cystitis, and 4 of incontinence of urine. The deaths were 2 from Bright's disease, and one each from granular kidney and abscess of kidney.

Diseases of the Generative System caused 852 admissions, or 63·6 per 1,000, a decline of 19·3 from the last year's rate, and of 21·3 from the average rate. The greatest ratio of prevalence of these affections was in the Mandalay district, 182·7 per 1,000, the next in the Rangoon district, 76·4, followed by 74·1 in the Madras, 57·2 in the Southern, 36·8 in the Belgaum and Bangalore, and 30·7 in the Secunderabad district. Compared with corresponding rates for 1893 those for the Mandalay and Southern districts show an increase, but all the others have declined. The chief causes of admission were simple venereal ulcer, 689 cases, orchitis 100, balanitis 28, and varicocele 12 cases.

Diseases of the Organs of Locomotion were the cause of 110 admissions and 1 death. The admission rate, 8·2 per 1,000, is higher than the previous year's rate by 1·0, and than the octennial average rate by 1·6. The highest admission rate was 22·8 in the Southern district, and the lowest 3·1 in Secunderabad. Synovitis alone gave rise to 78 of the cases; the death was due to caries.

Diseases of the Connective Tissue.—There were 359 admissions, equal to a ratio of 26·8 per 1,000, higher than in 1893 by 5·3 and than the average rate of eight years by 6·8. The Southern district shows the greatest and the Belgaum and Bangalore district the least prevalence of these diseases.

Diseases of the Skin caused 843 admissions, being in the ratio of 62·9 per 1,000, which is lower than the rate in the preceding year by 2·2, and than the octennial average rate by 7·3. The highest rate of prevalence was 117·1 per 1,000 in the Southern district, the next being 90·7 in the Madras district, followed by 88·0 in the Mandalay, 78·9 in the Rangoon, 51·5 in the Secunderabad, and 42·6 in the Belgaum and Bangalore district. In the previous year the highest rate was in the Madras, and the lowest in the Belgaum and Bangalore district. As usual, boils, ulcers, whitlow, eczema, and ringworm were the most frequent causes of admission.

Poisons caused 8 admissions and 2 deaths, as compared with 7 admissions and no death in 1893. There were three admissions due to poisonous fungi, two to the sting of insects, one each to poisoning by alcohol and chloroform vapour, both of which proved fatal, and one to dog bite.

Injuries.—The admission ratio was 108·4, higher than in the previous year by 4·5, but below the average rate of eight years by 1·4 per 1,000; the death rate, 1·79, is higher than in the year before by ·21, but below the average by ·56 per 1,000. General injuries accounted for 41 admissions and 13 deaths. 33 of the admissions and 7 of the deaths were the result of heat, and there were 5 admissions for burns and scalds, and 3, with one death, for multiple injury. There were 4 deaths due to accidental drowning and one to asphyxia by plugging of air passages. Local injuries caused 1,413 admissions and 11 deaths, and there were also 4 admissions for wounds received in action. Contusions, wounds, sprains, and abrasions were the chief causes of admission, and among the remainder were 81 cases of fracture and 16 of dislocation. Gunshot wound was the cause of death in five instances, all being cases of suicide; in two no motive could be discovered for the act, two were attributed to dislike to the service and one to fear of punishment; in four cases a verdict of "temporary insanity" was returned,

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and one of "suicide" in the fifth. There were four deaths due to fracture, respecting two of which there is no evidence to show how the injuries were received, but the remainder were caused by falls from horseback, as was also a death from contusion of abdomen with rupture of viscera. There was also one death from rupture of spleen.

Among the surgical operations performed during the year were 1 each for amputation of arm, finger, and thigh, and in 2 cases toes were removed. Colotomy was performed in a case of stricture of rectum, but death ensued. Castration was necessary in a case of tubercle, the result proving satisfactory, and there were various minor operations, mostly with successful results.

Invaliding.—The number of men invalided home was 387, being in the ratio of 28·86 per 1,000, which is higher than the corresponding rate in the previous year by 2·64 and above the decennial average rate by ·50. The invaliding from different arms of the service, and also from the several corps which served in the Command during the year, will be found in Abstract XLII. In the cavalry the invaliding rate was 38·53 per 1,000, higher than the similar rate in the preceding year by 6·02; in the artillery the ratio was 31·09, an increase of 3·69; and in the infantry the ratio was 23·87, an increase of 1·96. With regard to the influence of age on invaliding it will be observed from a table given on a previous page that the invaliding rate was highest, 32·05 per 1,000, among men between 35 and 40 years of age, and next, 31·91 per 1,000, among men of 40 years and upwards; the ratio among men between 25 and 30 years was 31·61, that among men between 20 and 25 years 28·43, and that among men under 20 years 26·62; the lowest ratio, 19·12 per 1,000, occurring in men between 30 and 35 years of age, the sequence of ratios bearing no similarity to that which occurred in the previous year. Comparing the individual ratios with those in the year before, an increase is observed in all except in that among men between 30 and 35 years of age, which shows a decrease. With regard to length of service in the country, the invaliding ratio among men in their first year was 14·94 per 1,000, but increased to 26·81 among men in their second year and 35·87 among men in their third year, falling to 19·38 among men in their fourth year, but rising to as much as 50·12 per 1,000 among men in their fifth year; among men with more than five years' service in India the ratios again declined. In the previous year also the lowest invaliding ratio was among men in their first year, but the highest occurred among those in their fourth year, the next being among men in their second year. Comparing the ratios of the two years a decrease is observed in those of men in their second and fourth years, but an increase in the remainder. The principal causes of invaliding were dysentery 19 cases, or 1·42 per 1,000, an increase of ·30 on the corresponding rate in the preceding year; malarial fevers 15 cases, or 1·12 per 1,000, a decrease of ·30; secondary syphilis 104 cases, or 7·76 per 1,000, a fractional decrease; debility 22, or 1·64 per 1,000, a decline of ·83; tubercular diseases 27 cases, or 2·01, an increase of 1·71; diseases of the nervous system 32 cases, or 2·39 per 1,000, an increase of ·67 (including 20 cases, or 1·49 per 1,000, of mental affection, an increase of ·52); diseases of the circulatory system 21 cases, or 1·57 per 1,000, a decrease of ·45; diseases of the digestive system 28 cases, or 2·08 per 1,000, an increase of ·36; and injuries 20 cases, or 1·50 per 1,000, an increase of ·76.

The number of men finally discharged as medically unfit for further service was 205, being in the ratio of 15·29 per 1,000, an increase of 5·63 on the previous year's rate and of 1·38 on the ten years' average rate. The principal disabilities necessitating final discharge were secondary syphilis 37 cases, or 2·76 per 1,000, an increase of 2·09 on the corresponding rate in the previous year; debility 11 cases, or ·82 per 1,000, an increase of ·07; tubercular diseases 21 cases, or 1·56 per 1,000, an increase of 1·33; diseases of the nervous system 32 cases, or 2·39 per 1,000, an increase of ·82 (including 22 cases of mental disease, or 1·64 per 1,000, an increase of ·74); and diseases of the circulatory system 30 cases, or 2·24 per 1,000, an increase of ·74.

Officers.—The average strength was 412, and there were 375 cases of sickness and 3 deaths, equal to ratios of 910·2 and 7·28 per 1,000, the former being higher by 146·7 and the latter lower by 2·57 than the corresponding ratios in the preceding year. The number of officers invalided to England was 39, equal to a ratio of 94·66, which is lower than in the previous year by 23·56. Enteric fever caused 6 attacks of illness, three at Secunderabad, and

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one each at Belgaum, Meiktila, and Wellington. Simple continued fever was the cause of 16 attacks and dysentery 13. There were 101 cases of malarial fever, of which 74 were ague, 23 remittent fever, and 4 malarial cachexia. 23 cases of venereal disease are recorded, 10 of diseases of the respiratory system, and 58 of those of the digestive system, the latter including 19 cases of hepatic affection. There were 60 cases of injury, among them being 26 of contusion, 7 of fracture, 3 of dislocation, and 10 of wounds. The deaths were one each form pneumonia, cirrhosis of lung, and dilatation of heart. The causes of invaliding were malarial fevers and hepatic diseases 7 cases each, enteric fever 4, debility 4, fracture 3, dislocation and dysentery 2 cases each, and secondary syphilis, rheumatism, paraplegia, asthma, cirrhosis of lung, follicular tonsillitis, inflammation of lymphatic glands, cystitis, synovitis, and ulcer one case respectively.

Women.—The average strength was 738, and there were 915 admissions and 7 deaths, being in the ratios of 1239·8 and 9·48 per 1,000, which are in excess of the rates for the preceding year by 521·7 and 1·76 per 1,000 respectively. There was 1 case of enteric fever at Bangalore, and among other cases in the first sub-group of disease were 8 of simple continued fever, 10 of influenza, and 17 of dysentery. The admissions for malarial fevers numbered 150, and included 127 for ague, 8 for remittent fever, and 15 for malarial cachexia. Debility caused 192 admissions, rheumatism 21, and anæmia 88. There were 42 cases of nervous disease, of which 36 were of neuralgia; 55 of respiratory affections, bronchitis alone contributing 51; 120 of diseases of the digestive system, including 21 of throat affections, 27 of gastritis, 34 of enteritis, 8 of diarrhœa, and 16 of hepatic affection; and 125 of diseases of the generative system, among which were 17 of abortion. The deaths were one each from enteric fever, dysentery, remittent fever, tubercle of lung, pneumonia, typhlitis, and abortion.

Children.—The average strength was 1,404; there were 1,626 admissions and 51 deaths, equal to ratios of 1158·1 and 36·32 per 1,000 respectively, the former being higher by 609·7 and the latter lower by 1·31 than similar ratios in 1893. There were 59 admissions for eruptive fevers, including 33 cases of measles (4 fatal), 17 of chicken-pox, 8 of epidemic rose rash, and one of scarlet fever. Influenza caused 24 admissions and whooping cough 22. There were 81 cases of simple continued fever, and enteric fever caused 3 admissions and 1 death, one case each occurring at Bangalore (fatal), Madras, and Secunderabad. 31 attacks of dysentery are recorded and 247 of malarial fever, 238 being cases of ague, 9 of remittent fever, and 1 of malarial cachexia. There was one death each from ague and remittent fever. Parasitic affections show 48 admissions and debility, &c. 50, there being 4 deaths from immaturity at birth, one from malformation, and one from debility. 20 children came under treatment for anæmia, with one death, and 13 for convulsions, 6 of whom died, and there was also a death from scrofula; while diseases of the eye caused 254 admissions, all but two being for conjunctivitis. Respiratory affections gave rise to 313 cases and 9 deaths, of which 298 cases and 6 deaths were due to bronchitis, and 8, with 3 deaths, to pneumonia. 301 admissions and 21 deaths are recorded under diseases of the digestive system, the principal causes of sickness being teething, 95 cases with 5 deaths, throat affections 26, gastritis 11 with 1 death, a death being also shown under ulcer of stomach, enteritis 124 with 13 deaths, and diarrhœa 25 cases, the remaining death being due to perforation of gall bladder. The remaining orders of local diseases included 67 cases of cutaneous affections and 39 admissions for injuries.

Sanitary Conditions.—The following remarks on the sanitary condition of the different districts and stations are taken from the report of the Principal Medical Officer:—

Madras District.—The general health of the troops in this district was indifferent. The sanitation of barracks, &c. was well looked after. At Madras the troops are stationed in Fort St. George. The fort is situated about 100 yards from the sea, and is surrounded by a moat, the water in which varies according to rainfall. Two rivers run in the neighbourhood, the Cooum and the Adyar. Into the former a large amount of sewage enters from bazars, rendering it most offensive, especially before the rainfalls, when the mud banks are exposed to the air. "King's" Barracks, occupied by the British infantry wing, is a two-storied oblong building, enclosing a narrow courtyard running north and south, built of brick, plastered, floor of brick, stone, and wood. The lower storey is raised about 2 ft. from the ground, and during the year has only occasionally been occupied by details passing through. It is chiefly used for stores, workshops, soda water factory, &c. The north end of the upper storey was unoccupied during the year, as it was found that most of the cases of enteric fever which occurred last year came from that end. There was sufficient accommodation in the remainder of the upper storey for the wing of the 1st Battalion Cheshire Regiment. The proposal mentioned in last year's report to remove one end of this quadrangle so as to allow of ventilation had not been carried out. The Royal Artillery barrack consists of one long double-storied block situated south-west of King's Barracks, and running about north-east and south-west. It does not contain sufficient accommodation for a company of full strength with the usual details. The water supply is from the Seven Wells source. The supply is constant, and practically unlimited. *Madras.*

At Poonamallee the barrack occupied is a very imposing modern structure, rectangular, of red brick, and made to accommodate 204 men. The building runs east and west and faces north and south, and is double-storied, each storey being furnished with verandahs. The roofing is of Mangalore tiles. The rooms are 16 in number, light and airy, 4 large and 4 small rooms in each storey. The flooring above is of asphalte, that below being stone. The drainage of barracks, married quarters, and cantonments was generally satisfactory. The surface drains are cemented and tarred. The water is derived from wells in the cantonment; there is an abundant supply, and the quality is excellent.

Pallaveram.—The annual course of musketry and military training of the European Infantry Regiment, stationed at Fort St. George, is carried out at this station, the men arriving by companies and occupying two barrack rooms, Nos. I. and II., formerly used as native places of arms, one hospital building, No. XIV., and two or three detached bungalows for non-commissioned officers, and canteen. The buildings are well-situated, being on the northern and more open side of the cantonment, and ventilated by means of doors, windows, sky-lights, and ventilators. They are bomb-roofed, which tends to keep them cool during the hot season.

Southern District.—The general health of the troops in this district was fair. The sanitation of barracks and outbuildings was attended to. At Wellington the barracks consist of six blocks of two-storied masonry buildings, forming a parallelogram facing east and west. There are six huts situated on the race-course hill, all one-storied buildings arranged in a double row. The front row is on a lower level than the back, the two rows being about 70 yards apart. The accommodation is not sufficient during the season. There are always men in tents, and during the monsoon this is considered objectionable. The existing system of drainage consists of one masonry underground drain, and two masonry and three other surface drains. The rain-water falling on the barrack square passes *viâ* masonry surface drains into the underground drain; water from the roof of the barracks, from the cook and wash houses, passes directly into the underground drain. These drains eventually discharge themselves into surface masonry drains of various lengths. The drains are worn, and the system is not as good as it should be. The water for drinking and cooking purposes is obtained from three spring wells covered over; the surrounding ground is enclosed by a brick wall, four feet high, to protect it and the wells from pollution. From these wells the water is conveyed by a pipe to the barracks. The water is excellent in quality and abundant.

At Cannanore the detachment is accommodated in two well-built bungalows, known as the New Barracks. These are sufficiently large and well ventilated. The surface drainage is very good, as a large open cemented drain runs through the barracks, and is used exclusively for carrying off surface water. After leaving barracks the drain is covered, but at intervals of about 20 feet are manholes to facilitate cleansing, &c. The drainage is finally discharged into the sea. The water for drinking purposes is obtained from deep and properly built laterite wells. It has been of good quality and the supply sufficient.

The barracks at Calicut consist of stone buildings with tiled roofs and surrounded with verandahs. With the exception of a new bungalow built in 1893, all the barracks are old. The new bungalow accommodates 30 men, is

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excellently situated facing the sea, lofty and well-ventilated; concrete and asphalte are being used to replace the old wooden floors in barracks which had become rotten and eaten. From the space beneath them, foul odours were frequently noticed. The vicinity of the barrack hill is not satisfactory as regards sanitation. At the foot of the hill and close to the road leading to the barracks, there is a village and tank; the former is frequently in a dirty insanitary state, and the latter, in which the natives, cattle, &c. wash themselves, becomes very foul during the dry weather. The ground around the tank is also used by the natives for latrine purposes. Representations having been made to the municipal authorities, an iron latrine for the use of those living near was being erected. The hospital is built of stone with tiled roof, surrounded with a verandah and divided into six wards. The floors are of wood and have been condemned. The following improvements are noted:—1. A new swimming bath has been opened. 2. The substitution of concrete and asphalte for the old wooden floors (in progress). 3. Extension of surface drains further down the hill. 4. Erection of iron latrines for the use of Army Hospital Corps and their families. The barracks at Malapuram consist of three lofty rooms to accommodate 50 men, each amply provided with cook-houses, outhouses, and latrines. They are built of laterite bricks, and have tiled roofs with wooden linings. The water supply is ample and derived from five wells, one of which is reserved for the use of the hospital. The water from three of these wells is used only for cooking and washing, while that from the fourth, which is situated on a lower level, is reserved for drinking purposes.

Belgaum and Bangalore District.—The general health of the troops has been fair, and the sanitation of the barracks and buildings well looked after. At Bangalore there are three sites for European troops. The Infantry are quartered in the parade barracks, which lie on the northern slope of the south ridge, and on the edge of the parade ground. The barracks for Cavalry and Field Artillery lie about one mile to the south-east of the infantry barracks, and those for the battery, Royal Horse Artillery, are placed a little distance to the north of the former, and are objectionably near the Ulsoor bazar. These barracks are well-built, well-ventilated buildings, sufficiently raised on plinths. The accommodation in the parade barracks is not considered sufficient for a whole infantry battalion, and, as a consequence, about 200 men surplus to the authorised accommodation are placed under canvas on open ground inside the barrack square. Coffee shops and refreshment rooms are provided in each barracks, and those for the cavalry and artillery are clean, well-kept institutions. That of the infantry is in native hands and not so satisfactory. The supplies sold are wholesome and good. The canteens are large and suitable in the infantry and cavalry barracks, smaller but equally good for the batteries. The drainage of the barracks is by means of large flagged surface drains, which discharge into a main which ends in a covered brick-made drain running through one end of the Ulsoor tank, and finally ends in the country some half a mile beyond. The main drain in barracks has scarcely sufficient fall, and requires daily flushing and sweeping. The latrines and urinals are well constructed and sufficient for all purposes in each barrack. The common source of supply of drinking water for the troops is obtained from the slaughter-house well, lying some one and half miles to the south-east of the infantry barracks, but nearer to the cavalry and artillery lines. It is a large well-constructed well, containing an abundant and pure supply of water, but it is stated that no attempt is made to protect it by covering in or restricting natives from dipping in any dirty vessel they think fit to draw water with. Situated at the junction of three country roads, the water is much used by natives. The Ulsoor water is now only used for ablution purposes by the European troops.

At Belgaum the Royal Artillery and new British Infantry barracks are well-constructed double-storied buildings. The single-storied old buildings and the married quarters in the infantry lines, recently converted into barrack rooms, were also occupied during the year, as the regiment (2nd Battalion the Royal Scots) was over its strength. These rooms are not properly ventilated. It is suggested that a ventilating hole two feet square in the walls between the rooms should be made, and a window opening on a pivot inserted, in place of the semi-circular piece of masonry which is situated over the doors opening into the back verandahs. The married quarters in both artillery and infantry lines are separate ranges of ground floor buildings, well constructed and ventilated. One company of the British infantry is stationed at the fort, which is situated about 1½ miles to the east of cantonments. The conformation of the ground waves with the general slope from north-west to south-east, and its natural formation enables surface drainage to be carried out efficiently. The water supply was obtained from wells which are built of masonry, and well protected from contamination. The supply has been abundant and of good quality.

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The barracks at Bellary consist of two groups of buildings, the larger occupied by the infantry, and the smaller by the artillery. They are well ventilated and afford ample accommodation. The rain water and the waste water from the wash-houses is carried off by shallow open cemented drains which run into neighbouring nullas, but, from the flat contour of the ground, it is very difficult to get a sufficient fall. The drinking water which was good and pure is obtained from a deep well, 800 yards from barracks; it passes by a covered conduit to reservoirs in barracks, whence it is drawn and carried in puckals to the filters. The water for washing, &c., is obtained from other wells in or near barracks.

At Ramandroog the barracks are substantial buildings, consisting of two main blocks, one for single and the other for married men, which were kept in a good state of repair. They are situated on the south-west side of the plateau; the site is dry and well provided with surface drains. The water is obtained from two cemented reservoirs, which are filled by a spring. The reservoirs are situated 280 feet below the top of the hill, one above the other. From the upper, water for drinking and cooking purposes is obtained, and the supply for bathrooms, &c. from the lower. The supply was ample and quality excellent.

Secunderabad District.—The health of the troops in this district was indifferent. The sanitation of barracks, hospitals, and outbuildings was attended to. At Secunderabad the British troops are quartered in that portion called Trimulgherry, the cavalry and artillery being in the northern division, and the infantry in the southern. The immediate vicinity is a barren rocky soil of disintegrated granite with a few patches of cultivation. Within cantonments there are some patches of wet cultivation (paddy), and various dry crops are cultivated in the neighbourhood of the station. Toddy topes are everywhere to be found. During the hot season the whole place is burnt up, dusty and dry. Vegetation becomes very scarce, and considerable difficulty is experienced in procuring vegetables for the troops. During and some time after the monsoon vegetation is plentiful, many kinds of English vegetables being then cultivated in the commissariat gardens for issue to the troops. The 1st British infantry barracks consist of ten large single-storied masonry buildings, built on plinths 2½ feet high, with outer verandahs front and back. The main building consists of a large central room to accommodate 46 men. On either side is an inner verandah which has been occupied the greater portion of the year. The 2nd British infantry barracks consist of 18 single-storied stone buildings, raised on plinths about 2½ feet high, and arranged "en èchelon." The cavalry barracks are of grey granite, solidly built, and raised from the ground. The main line consists of eight blocks, four single-storied and four double. About half a mile from any buildings and in an isolated position is situated a deep well, about 40 feet in diameter, and coated with cement internally, the mouth of which is surrounded by a wall 4 feet high and roofed with zinc sheeting; the water supply is drawn by means of a steam-engine, and is stored in two reservoirs. There is no source of contamination, nor any chance of rain water getting into them. The supply is plentiful and the water of very good quality.

Burma:—Rangoon, and Mandalay Districts.—The general health of the troops was indifferent. Rangoon is situated on the River Irrawaddy, about 25 miles from its mouth. The surrounding country is flat. The cantonment is situated about a mile to the north of the town, and is well laid out with good sound roads running more or less at right angles and well provided with surface drains, which prevent any accumulation of water. The infantry barracks consist of two rows of teakwood buildings built "en èchelon." The water is obtained from wells in the vicinity of the barracks. The water for bathing

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Thayetmyo.—The Cantonment is situated on the right bank of the River Irrawaddy and about a mile to the north of the town. The ground on which the cantonment stands, as well as the surrounding country, is an undulating inclined plain, situated between two ranges of hills. The barrack bungalows are constructed of teak, raised on piles, with double shingle roofs, and verandahs on either side. Those in the infantry lines are divided into two large rooms constructed to contain 40 men in each and a central room in which if necessary 20 men could be accommodated. The artillery barracks are constructed on a similar plan, but are not quite so large. They are all well ventilated by doors, windows, open skirting and double ridges. The accommodation is ample. Water for drinking and cooking purposes is derived in sufficient quantity and of good quality from wells in cantonments; that for ablution purposes is derived from tanks. All the buildings are surrounded by made drains, which extend into ordinary drains and discharge into the river and surrounding tanks.

Meiktila is situated nearly in the centre of Burma in what is known as the "Dry Zone," which is a belt of the country about 40 miles broad running east and west, in which the rains are not excessive as in the northern and southern portions. The borders of the lake around which the cantonment and civil station are situated consist of gravel and clay. The surrounding country is undulating and covered for the most part with thin scrub jungle. The barracks are the usual kind in Burma, wooden structures raised on piles, the lower spaces being in places enclosed for offices, orderly room, quartermaster's stores and office, &c. There are 8 such blocks for single and one for married men. The ventilation is ample. The water is obtained from an artificial lake made some 60 years ago by the Burmans by damming up a small river by means of bunds for irrigation purposes. The supply is practically unlimited. Up to the present year the chief source of impurity was from the surface drainage of the bazar running directly into the lake and from dhobies washing clothes in it. These sources of contamination have now been to a great extent obviated by confining the washermen to a piece of water below one of the bunds and by digging a broad and deep drain round the native quarters which falls into a nulla on the outer side of one of the bunds.

Ross Island, on which the detachment of European troops is stationed, lies across the mouth of the harbour of Port Blair. It is traversed by an elevated ridge of lime-stone running due north and south. On the northern extremity of this ridge, the narrowest part of the island, are the barracks of the European troops. The island is well planted with ordinary tropical trees and bushes. The barracks built of Andamanese lime-stone lie north and south about 100 feet above sea level, and are well exposed to the breezes of both monsoons. The accommodation is ample and ventilation thorough. The drinking water is obtained from the two bricked wells cut into the limestone.

At Mandalay the cantonment is to the north-east of the town, and is two and a half miles from the Irrawaddy. It is situated within the old walled city (now Fort Dufferin). The city walls are about 25 feet high with an earth embankment inside forming a square, the sides of which are one and a quarter miles in length. A deep moat 100 yards wide runs round the fort outside. The barracks of the British infantry are situated in the north-east quarter of the fort, and are built of teakwood, raised on piles about 10 feet from the ground with a broad verandah and ridge ventilation. The source of the water supply is from the Shan Hills, which are situated due east of Mandalay and distant about 15 miles. It is conducted to Mandalay in a deep canal, which opens into the moat surrounding the fort, from which the water is eventually obtained. The water has been pure and the supply abundant, but it requires constant supervision to prevent contamination.

The barracks at Shwebo are of the Rangoon type, with the latest Mandalay improvements. Each building is constructed of teakwood, and consists of a ground floor of earth, those portions of which are taken up as day rooms having flagged floors. Above this is the barrack room, supported on wooden uprights. The buildings are surrounded by a verandah 12 feet broad; there is a double roof, an outside one of shingle and an inner planked ceiling. Water is brought by iron pipes from the Royal lake to hydrants in barracks and cantonment, *Madras.* and has to be filtered before being used for drinking purposes. The wells in the cantonments have all brackish water.

Bhamo is situated on the left bank of the Irrawaddy, about 1,000 miles from its mouth and at an elevation of 351 feet above sea level. There are two forts, "A" and "C." Fort "A" is situated on a hill immediately on the river bank and garrisoned by the military police. Fort "C," garrisoned by troops, is situated on the high level bank about ¼ mile inland from the native town, from which it is separated by a belt of low marshy ground, under water in the rains and forming the parade ground in dry weather. The drainage is satisfactory; the roof water falls into cemented surface drains, running into nullas. The water supply is obtained from wells, it is of good quality, and the wells are protected round the edges.

Bernardmyo.—This is a small military station in the Ruby Mines district of the Shan States. The station is situated in a large valley on a table land formed by the Shan Hills. The station is supplied by a small and constant mountain stream running from the east. The water is clear and good. A well has been sunk in the commissariat garden and yields a constant supply of water about 12 feet below the surface. The Medical Officer in charge remarks as follows:—
" Bernardmyo was almost totally destroyed by fire in 1893 and has since been
" rebuilt. As no troops are now allowed to move up and down the road between
" April 15 and December 15, it is probable that the amount of malarial fever
" will steadily decrease. The number of cases of malarial fevers originating in
" the station itself is very small. Bernardmyo would, I believe, be very suitable
" for convalescents, but, unfortunately, the road is closed for traffic from May
" to the end of November."

III.—BOMBAY.

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The average strength of warrant officers, non-commissioned officers, and men during the year was 13,416, being lower than the strength in the preceding year by 99. The most important of the statistics of sickness and mortality are shown in the following table:—

1894. Average Strength.	Admissions. *	Deaths			Invalids		Average constantly Sick.	Ratios per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally discharged.	Constantly Sick.
13,416	20,780	193	15	208	365	164	1138·10	1548·9	15·50	27·21	12·22	84·83

Compared with a similar return for the preceding year an increase of 114·1 per 1,000 has occurred in the admission rate, one of 3·77 in the mortality rate, and one of 9·49 in that of constant inefficiency through sickness; compared with corresponding average ratios for the previous ten years, an increase is also observed in each instance, equal to 121·9, ·66, and 12·45 per 1,000 respectively.

The average sick time to each soldier was 30·96 days, which is longer than the corresponding period in the previous year by 3·46 days, and than the similar average period for the preceding ten years by 4·54 days. The average duration of each case of sickness was 19·99 days, which is longer than in the previous year by ·82 of a day, and than the decennial average period by 1·48 days.

The loss to the Command by death and invaliding was 558 men, and the loss to the service from death and final discharge from the army as medically unfit for further service 372 men, which gives a ratio of 27·73 per 1,000 of strength, an increase of 5·98 on the corresponding ratio in the previous year.

The prevalence of sickness and mortality in the different circles of administration is shown in Abstract XXX., which contains a table furnished by the Principal Medical Officer. The highest admission rate in any district was 1924·0 per 1,000 in the Deesa district; this is followed by 1898·0 in the Mhow district, 1835·2 in the Aden district, 1741·1 in the Sind district, 1501·8 in the Bombay district, 1213·7 in the Poona district, and 1024·4 in the Nagpur district. In the previous year also the highest ratio of admissions was in the Deesa district, but the lowest was in the Poona district. Compared with the corresponding ratios in 1893 an increase is observed in the rate for the Mhow district of 355·2 per 1,000, in the Aden district one of 289·7, in the Deesa district one of 182·1, in the Sind district one of 171·7, and in the Poona district one of 106·6. In the Nagpur and Bombay districts there has been a decrease of 229·5 and 186·3 per 1,000 respectively. Mortality was highest in the Mhow district, 19·46 per 1,000, next in the Nagpur district 15·85, followed by the Aden district with 15·24, the Deesa, Poona, and Bombay districts with 13·68, 13 42, and 12·62 respectively, the lowest ratio, 9·20 per 1,000 occurring in the Sind district. In comparison with the corresponding rates for the year 1893, the ratio per 1,000 of deaths in the Nagpur district shows an increase of 10·65, that in the Mhow district one of 10·63, in the Poona and Aden districts the ratio is higher by 4·06 and 3·17 respectively, and in the Bombay district there is a fractional increase, while in the Deesa and Sind districts a decline is observed equal to 2·09 and ·42 per 1,000 respectively.

With regard to individual stations a table is given by the Principal Medical Officer in Abstract XXXI. which shows the admissions and deaths and ratios per 1,000 of strength. Excluding stations with small average annual strength the highest admission ratio was 2974·6 per 1,000 at Ahmedabad, above the corresponding rate in the previous year by 677·2, and above the average rate of

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ten years by 969·1. Malarial fevers and venereal disease were the prevailing diseases. The next ratio was 2509·3 at Satara, greater than in the preceding year by as much as 1183·6 and than the average rate of the preceding ten years by 1105·4. This high rate of sickness was entirely due to the prevalence of malarial fevers and venereal disease. The ratio next in order was 2487·4 at Neemuch, this was higher than in 1893 by 193·4, and than the decennial average rate by 1006·6.

Malarial fevers were the cause of sickness, nearly half the admissions being due to them. The lowest admission rate was 741·0 per 1,000 at Ahmednagar, less than that of the preceding year by 26·7 and than the decennial average rate by as much as 684·3. The decrease was chiefly due to the lessened prevalence of malarial fevers. The ratio next above was 958·8 at Kamptee, less by 267·4 than in 1893, and than the average rate of ten years by 497·2. This was due to a considerable diminution in the number of cases of venereal disease. In the previous year also the highest and lowest rates were furnished by Ahmedabad and Ahmednagar respectively. The highest mortality rate was furnished as in the preceding year by Ahmedabad, being 33·90 per 1,000, a decrease of 9·20 from the last year's rate, but an increase of 15·56 on the average rate. The next death rate was 23·75 per 1,000, at Mhow, higher than that in the previous year by as much as 18·09, and than the average rate by 12·39. This high rate of mortality was chiefly due to enteric fever which was epidemic in July and August. Deesa furnished the lowest death rate, 2·71 per 1,000, lower than the previous year's rate by 5·35, and than the decennial average rate by 8·39. The death rates for the remaining stations ranged between 18·01 at Ahmednagar, and 9·01 at Kirkee.

In Abstract XLIII. a table, taken from the report of the Principal Medical Officer, is given which shows the more important of the statistics of sickness and mortality in the different arms of the service, and also in the several regiments, batteries, and corps which served in the Command during the year. In the Cavalry, the average annual strength of which was 693, the admission ratio was 1614·7, the death rate 14·43, and the constantly sick rate 114·29, which are higher than the corresponding ratios in the previous year by 191·3, 6·92, and 24·94. The average sick time to each soldier was 41·71 days, and the average duration of each case of sickness 25·83 days, longer than the corresponding periods in the preceding year by 9·10, and 2·92 days respectively. Of the one cavalry regiment, the 7th Hussars stationed at Mhow, the annual admission, death, and constantly sick ratios were 1627·8, 14·56, and 119·97 per 1,000.

The average annual strength of the Artillery was 3,254; the admission ratio 1506·5, and the constantly sick rate 76·85 per 1,000, are both higher than the corresponding rates in the previous year by 37·6, and 7·54 respectively; the death rate 13·52 per 1,000 has, however, decreased by 1·29. The average sick time to each soldier 28·05 days, and the average duration of each case of sickness 18·62 days, are longer than the corresponding periods in the previous year by 2·75 and 1·40 days in each instance. Omitting batteries with small average annual strength the highest admission rate in any battery was 3137·1 per 1,000 in No. 35 Field Battery quartered at Ahmedabad, the next were 2906·2 in No. 44 Field Battery at Neemuch, 2285·7 in No. 47 Field Battery at Karachi, and 2107·7 in No. 65 Field Battery also at Neemuch. The lowest admission rate was 647·1 per 1,000 in the 20th Company, Southern Division, at Bombay, then 686·0 in the 21st Company, Eastern Division, also at Bombay, the next above 779·2 in No. 40 Field Battery at Ahmednagar, and 1042·6 in No. 26 Field Battery at Kamptee. The highest mortality rate was 35·46 per 1,000 in No. 26 Field Battery, then 32·26 in No. 35 Field Battery, followed by 26·14 in the 3rd Company, Southern Division, quartered for the greater part of the year at Aden, 25·42 in No. 65 Field Battery at Neemuch, and 22·73 in the 11th Company, Western Division, quartered for three months at Aden, and nine at Karachi. The remaining mortality rates were a good deal lower, and in nine batteries there were no deaths at all. The highest ratio of constantly sick was 141·61 in No. 35 Field Battery, the next 117·97 in No. 44 Field Battery, and 105·84 in No. 47 Field Battery; the lowest ratio being 19·01 in the 21st Company, Eastern Division, the next above 43·57 in No. 40 Field Battery, and 54·47 in No. 26, Field Battery. In the Royal Engineers with an average strength of only 48, the admission and constantly sick rates 1062·5 and 25·42

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per 1,000 were below the corresponding ratios in the previous year by 998·1 and 17·31 per 1,000 respectively. The death ratio was *nil*, as in 1893. The average sick time to each soldier was 9·28 days, less than in the previous year by 6·32 days, and the average duration of each case of sickness 8·73 days, was longer than in 1893 by 1·16 days. In the Infantry, average strength 9,130, the admission ratio was 1578·1, the death ratio 14·90, and the constantly sick ratio 87·15 per 1,000, these are all in excess of the corresponding ratios in the previous year, by 117·7, 6·48, and 9·44 respectively. The average sick time to each soldier, 31·81 days, and the average duration of each case of sickness, 20·16 days were longer than the corresponding periods in the previous year, the former by 3·46 days, and the latter by ·74 of a day. Omitting the 2nd Battalion West Yorkshire Regiment, 2nd Battalion Lancashire Fusiliers, and 2nd Battalion Royal Irish Rifles, each of which was for a short period only in the Command, and consequently gave a small average annual strength, there were nine battalions, of these the 2nd Battalion Royal Fusiliers quartered at Karachi gave the highest admission ratio, 2031·9 per 1,000, the 2nd Battalion Durham Light Infantry stationed at Mhow gave the next ratio 1977·0, and the 2nd Battalion Gloucestershire Regiment at Aden the third ratio, 1969·5; the lowest ratio was 1028·5 in the 1st Battalion Worcestershire Regiment at Kamptee, the next above being 1073·4 in the 2nd Battalion Middlesex Regiment at Ahmednagar, and 1285·4 in the 1st Battalion Leinster Regiment, most of the year at Poona. The highest mortality rate was 31·69 per 1,000 in the 2nd Battalion Durham Light Infantry, the next 21·74 in the 2nd Battalion Middlesex Regiment, and 18·89 in the 2nd Battalion Yorkshire Light Infantry at Poona; the lowest death rate was 7·68 per 1,000 in the 1st Battalion Loyal North Lancashire Regiment at Bombay, the next above 8·97 in the 2nd Battalion Royal Fusiliers, and 11·52 in the 2nd Battalion Royal Lancaster Regiment for the most part at Nasirabad. The highest ratio of constantly sick was 139·64 per 1,000 in the 2nd Battalion Durham Light Infantry followed by 98·98 in the 2nd Battalion Yorkshire Light Infantry, and 90·15 in the 2nd Battalion Royal Fusiliers; the lowest ratio was 56·20 in the 2nd Battalion Middlesex Regiment, the next above being 76·78 in the 2nd Battalion Worcestershire Regiment, and 78·54 in the 2nd Battalion Royal Lancaster Regiment.

In the following table the influence of age on sickness, mortality, and invaliding among the troops in the Command is shown as far as possible :—

Ages.	Average Strength.	Admissions.	Deaths.	Invalided.	Ratios per 1,000 of Strength.		
					Admissions.	Deaths.	Invaliding.
Under 20 years - -	475	534	7	7	1124·2	14·74	14·74
From 20 to 25 years -	6,257	12,576	101	176	2009·9	16·14	28·13
„ 25 „ 30 „ -	4,292	6,281	47	125	1463·4	10·95	29·12
„ 30 „ 35 „ -	1,045	981	26	41	938·8	24·88	39·23
„ 35 „ 40 „ -	353	302	9	17	855·5	25·50	48·16
„ 40 years and upwards	79	76	3	1	962·0	37·97	12·66
Not stated - -	915	30	—	—	32·8	—	—
Total - -	13,416	20,780	193	367*	1548·9	14·38	27·36

* Including two men discharged in India.

It will be seen from the above figures that the admission ratio among men under 20 years of age was high, but not so high as that among men between 20 and 25 years of age, the ratio decreased among men between 25 and 30 years of age, and fell rapidly through the two succeeding quinquennial periods, it slightly increased, however, among men over 40 years of age. In

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the preceding year the sequence of ratios was exactly similar till among men between 30 and 35 years of age. Comparing the individual ratios with those in the preceding year an increase is observed in all. Mortality was highest, 37·97 per 1,000, among men over 40 years of age, and lowest, 10·95, among men between 25 and 30 years of age. The other ratios were in the following order:—Among men between 35 and 40 years of age 25·50, between 30 and 35 years of age 24·88, between 20 and 25 years of age 16·14, and under 20 years of age 14·74. The sequence of ratios is not similar to that of those of the preceding year, compared with which the ratios for the year under report all show an increase.

In the next table will be found calculations to show, as far as possible, the influence of length of service in the country on the sickness and mortality among the troops during the year.

Years of Service.	Average Strength.	Admissions.	Deaths.	Invaliding.	Ratios per 1,000 of Strength.		
					Admissions.	Deaths.	Invaliding.
Under 1 year - -	1,996	3,759	55	59	1883·3	27·56	29·56
From 1 to 2 years -	2,204	4,249	25	67	1927·9	11·34	30·40
" 2 " 3 " -	2,088	3,655	27	62	1750·5	12·93	29·69
" 3 " 4 " -	1,702	2,696	27	38	1584·0	15·86	22·33
" 4 " 5 " -	1,313	2,066	19	31	1573·5	14·47	23·61
" 5 " 10 " -	2,719	4,012	33	95	1475·5	12·14	34·94
" 10 upwards -	523	323	7	15	617·6	13·38	28·68
Not stated - -	871	20	—	—	23·0	—	—
Total - -	13,416	20,780	193	367*	1548·9	14·38	27·36

* Including two men discharged in India.

It will be observed from the above table that the ratio of admissions into hospital among men in their second year of service was the highest of all, next to it that among men in their second year of service, and next below that among men in their third year, the decline continuing through the succeeding periods of service. In 1893 the highest rate occurred among men who had been less than a year in the Command, but those for the subsequent periods followed the same order as in the year under report. Compared with the corresponding rates for the preceding year the ratio among men in their first year of service shows a decrease, but all the rest an increase. The highest mortality rate was among men in their first year of service, the next to it among men in their fourth year of service, followed by that among men in their fifth year. The ratios among men in their third year of service and that among men between five and ten years of service decreased to some extent, but it again increased among men over ten years. The lowest rate was among men in their second year. In 1893 the highest ratio also occurred among men in their first year of service, but the lowest among men in their fifth year. Compared with corresponding ratios in the return for the preceding year, all the death rates show an increase.

In Abstract XXIX. will be found the admissions, deaths, invaliding, &c., in the different groups and orders of diseases, and in Abstract XXX. the relative prevalence of sickness and mortality in each of the administrative districts.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.—Small-pox* caused 11 admissions and 3 deaths, equal to ratios of ·8 and ·22 per 1,000 respectively. Compared with the previous year's rate a decrease is observed of *ombay.*

·7 in the admission rate, but an increase of ·07 in the death rate. The cases occurred as follows :—In the Poona district, 4 admissions and 1 death, in the Mhow district, the same, in the Nagpur district, 2 admissions and 1 death, and in the Aden district, 1 admission only.

Other Eruptive Fevers caused 46 admissions, equal to a ratio of 3·4 per 1,000 less than the rate in the year 1893 by 2·6, but more than the average rate for the last eight years by 2·2. The greater number of the admissions was due to dengue, 42 cases occurring at Aden where the disease was epidemic during the latter part of the year. The other cases were 3 of measles, and 1 of scarlet fever.

Enteric Fever caused 277 admissions and 69 deaths. The admission rate, 20·7 per 1,000, shows an increase of 7·9 on the preceding year's rate and of 6·7 on the average rate of eight years. The death rate is also higher, being 5·14, an increase of 1·44 on the rate of 1893, and of ·92 on the average rate. The per-centage of mortality to attack was 24·9 as compared with 28·9 in the previous year, and 30·1 the average for the preceding eight years. In Abstract XXXII. will be found a table taken from the report of the Principal Medical Officer, which shows the stations at which the admissions and deaths from enteric fever took place in each quarter of the year. From this it will be observed that the largest number of cases, 165, occurred in the third quarter, in which there were 37 deaths; 62 cases and 19 deaths were returned in the second quarter, 27 admissions and 9 deaths in the fourth quarter, and 23 cases and 4 deaths in the early months of the year. In the previous year the greatest prevalence was also in the third quarter, followed by the second quarter, but the positions of the first and fourth quarters were reversed. The Principal Medical Officer states that the chief outbreaks, which account for the whole of the increase, were at Mhow in July and August, and at Ahmednagar during the earlier part of the year. Two cases were contracted prior to arrival in India, and these cases no doubt acted as foci of infection after landing, until their admission into hospital. As formerly, young men, and those only a short time in the country, were principally attacked.

Mhow.—During the year there were 110 admissions and 25 deaths against 10 admissions and 4 deaths in 1893. This high rate almost equals that of 1889, when there were 118 admissions and 29 deaths. Up to the 7th of July there had been 6 admissions and 1 death, but on that date the disease broke out in an epidemic form and continued till the end of August, when it declined. From the 7th of July to the end of the month there were no fewer than 71 admissions. The epidemic commenced in, and was chiefly confined to, the men of the 2nd Battalion Durham Light Infantry. The Principal Medical Officer reports that he has fully investigated every fact connected with the epidemic, and is of opinion that it originated from the milk supply to the men of that regiment, as no case occurred among the women and children, who were supplied from a different source. The disease did not occur as an epidemic in the 7th Hussars or the Royal Horse Artillery, the two other European corps at Mhow, whose milk supply was under regimental supervision in cantonments. The water supply is the same for the whole garrison; the sanitary condition of all barracks and their immediate vicinity was good; the Sadar bazaar presented the usual sanitary defects of all Indian bazaars, and would affect all troops alike. The only other condition which affected the Durham Light Infantry, and no other troops in Mhow was the aërated water supply. This was made in the regimental factory from water from a well, the ground round which had been lately manured by the commissariat department with stable manure. This water was analysed and pronounced good, and this aërated water was supplied to the detachment at Indore, which had no case. The 3 first cases, admitted on July 7th and 8th, were very severe ones, and proved rapidly fatal. Those men had, no doubt, been ill for many days in barracks prior to admission to hospital, and the later cases were probably contracted from men using a latrine, the pan of which had been fouled by a man suffering from enteric fever, and which had not been cleaned. Though the latrines are well looked after in the earlier part of the day, after dark they are not cleaned until the following morning, and those situated near the canteen or recreation room, which are most used in the evening, would be very likely thus to spread the disease to men in different

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barracks. The following table shows the admissions and deaths from enteric fever at Mhow by corps during the year 1894 : —

Corps.	From 1st January to 4th July.		From 4th to 31st July.		During August.		1st September to 31st December.		Total.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Died.
7th Hussars - - -	3	1	5	1	8	1	7	3	23	6
Royal Artillery - - -	2	—	4	—	—	—	1	1	7	1
2nd Battalion Durham Light Infantry.	1	—	62	11	14	6	3	1	80	18
Total - - -	6	1	71	12	22	7	11	5	110	25

Ahmednagar.—There was a severe outbreak during the earlier part of the year. 45 cases were admitted, and of these 11 proved fatal, an increase of 32 admissions and 10 deaths on last year. The first case in the station, the wife of a corporal of the Royal Artillery was admitted to hospital on the 20th of January, after having been ill about a week, and the second case (her husband) admitted about a fortnight later. As a possible cause it seems that between the 10th and 14th January they had lemonade, &c. from the native bazaar, but not liking it had discontinued its use. There was no insanitary condition of their quarters, and all the other persons living in the block enjoyed good health. Another man of the Royal Artillery was also attacked the same day. The next 5 cases, admitted between the 24th of February and 13th March, were all from a draft of the 2nd Battalion Middlesex Regiment, which arrived in India on the 12th of January, and who occupied the same barrack. After a fortnight's cessation another man of the Royal Artillery was attacked, and cases occurred at intervals till 12th August. To these cases might also be added that of a man admitted into hospital at Satara on the 6th May, who had only the day before arrived from Ahmednagar, and that of another admitted to hospital at Khandalla, who had left Ahmednagar nine days before. The water supply is good, but there is a liability to contamination of the aqueduct at the holes from which water is drawn up, and it is desirable that these should be closed and pumps used. No sanitary defect could be detected in the barracks or their vicinity.

Poona.—There were in all 32 cases admitted and 14 deaths, compared with 24 admissions and 10 deaths recorded last year. There 18 admissions and 10 deaths from Ghorpurie Barracks, and 8 admissions and 3 deaths from Wanowrie, 4 (none of which proved fatal) from the Central Military Prison, 1 from the rest camp and 1 from private quarters, both of which terminated favourably. Most of the cases occurred during or just after the rains. The first case which occurred in the military prison was admitted on the 5th May. The man had been three months in the prison, and as he had not been on work outside, the disease must have been contracted in the prison itself. Careful investigation was made, but no definite cause could be detected.

Kirkee.—During the year there were 16 admissions with only 2 deaths. The cases occurred for the most part during the rains.

Nasirabad.—There were 15 cases admitted and 3 deaths, all of which, with the exception of one in November, occurred between April and August, and were of a severe type. The cases were fairly distributed over the barracks. It is noted that the majority of those attacked were teetotallers, which points strongly to the possibility of contamination of the mineral waters and milk.

Kamptee.—There were 12 admissions and 6 deaths compared with 9 cases and 1 death in 1893. The disease was of a severe type. There were 4 admissions in March and April, and 8 from July to September. The cases were not confined to any special barrack, and no insanitary condition was noticed.

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The government dairy farm was in full working order, so the milk was good.

Deolali.—There were 9 admissions and 2 deaths, but only one case could be considered as contracted locally. Of the remaining 8 cases, 2 were time-expired men who arrived from Bengal in an advanced stage of the disease, and died soon after admission, the others were men invalided from up-country for the results of the disease.

Ahmedabad.—There was a decrease in the number of cases, being 8 with 1 death, against 13 cases with 6 deaths last year. All the cases were from the Royal Artillery, and none from the infantry detachment, but no cause could be ascertained. The cases were fairly spread over the year, and were not from any particular barrack.

Karachi.—There were 7 admissions and 1 death, the same as in last year, but a case admitted at Hyderabad and another at Aden probably contracted the disease in Karachi. In no case could any cause be traced. 5 cases occurred between 6th February and 2nd May, the other two in September. All were from the infantry.

Aden.—6 cases occurred, but 4 were imported, 3 from Jhansi, and 1 from Karachi.

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Taraghur.—There were 2 cases, both of which recovered. The first was that of a man who had landed in India on the 18th of March, and who was sent to Taraghur on the 1st April. He was admitted to hospital on the 7th April, so that the disease was manifestly contracted elsewhere. The other case, which had no connexion with the first, probably contracted the disease at Ajmere, where he had been on leave.

Neemuch, which had 11 cases and 5 deaths in 1893, had only 1 case, which, however, terminated fatally.

Simple continued fever caused 262 admissions and 1 death. The admission ratio, 19·5 per 1,000, is less than that of the preceding year by 13·3, and than the average rate for eight years by as much as 52·6 per 1,000. The amount of constant inefficiency from this fever was equal to ·75 per 1,000, less than that in the previous year by ·97, and than the average rate by 2·13. The greatest prevalence of this fever was in the Deesa district, the admission ratio being 106·4 per 1,000. The ratio next in order was 35·6 in the Bombay district, followed by 32·4 in the Aden district, 11·1 in the Mhow district, 8·0 in the Poona district, 6·3 in the Sind district, and 4·9 in the Nagpur district. The prevalence of this fever has increased in the Aden, Mhow, and Deesa districts by 31·3, 6·0, and 2·7 per 1,000 respectively, but decreased by 35·1, 17·1, 12·5, and 10·7 in the Bombay, Sind, Poona and Nagpur districts. The fatal case occurred in the Bombay district. *Cholera.*—3 admissions and 2 deaths are recorded as compared with 6 and 4 respectively in the preceding year. The admission ratio was ·2, and the death rate ·15 per 1,000, being less than the previous year's ratios by ·2 and ·14, and than the corresponding average rates for the previous eight years by 1·4 and ·98. All the cases occurred at Kirkee, and two were imported, the men having caught the infection in the neighbouring districts where cholera was prevalent, whilst out shooting. One of them recovered, and the other died. The remaining case was contracted in the station and was fatal. Its cause cannot be traced as the disease was not prevalent there, nor did the man go out of the cantonment limits within the preceding fortnight. From Abstract XXXIII. it will be seen that all the cases and deaths occurred during the second quarter of the year. *Dysentery* caused 296 admissions and 4 deaths, being in the ratios of 22·1 and ·30 per 1,000. Compared with corresponding ratios in the previous year an increase of 2·2 is observed in the admission rate, but a decline of ·22 in the death rate, and in comparison with corresponding average rates for the previous eight years there is an increase of ·9 in the ratio of admission, and a decrease of ·32 in the rate of mortality. In Abstract XXXIV. there is a table taken from the report of the Principal Medical Officer in which the prevalence of dysentery is shown for each of the administrative districts of the Command, and in Abstract XXXV. there is a table showing the prevalence of, and mortality from, this disease in each quarter of the year. The greatest prevalence of dysentery in any district

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was in that of Sind, the admission ratio being 37·4 per 1,000; this was followed by 34·3 in the Aden district, 24·8 in the Bombay district, 22·2 in the Poona district, 15·2 in the Deesa district, 13·4 in the Mhow district, and 4·9 in the Nagpur district. Compared with corresponding ratios in the preceding year there is an increase of 15·8 in the admission rate for the Sind district, one of 9·2 in that for the Bombay district, and one of 5·3 in that for the Mhow district; The ratios for the Aden, Poona, Nagpur and Deesa districts show a decrease of 9·6, 6·9, 3·4 and ·6 respectively. The mortality rate was 1·01 per 1,000 in the Mhow district, and ·95 in the Aden district, there being no death in any of the other districts. Compared with the last year's return the death rate has increased in the Mhow district, but decreased in the rest. As to seasonal prevalence the third quarter of the year gave the highest admission rate, 9·4 per 1,000, followed by 4·6 in the fourth quarter, 4·4 in the first quarter and 3·9 in the second quarter. The sequence of ratios was the same as in the preceding year. In the third quarter the mortality rate was ·23, and in the fourth quarter ·07 per 1,000; in the first and second quarters there were no deaths. In the previous year the highest death rate was in the fourth quarter followed by the rates in the first and third quarters which were exactly the same. There were no deaths in the second quarter. Other diseases of the first sub-group caused 4 admissions, equal to ·3 per 1,000, the cases comprise 1 each of influenza, mumps, diphtheria, and epidemic diarrhœa, the latter two being fatal.

Malarial Fevers returned 6,284 admissions and 4 deaths. The ratio of admissions, 468·4 per 1,000, is in excess of the corresponding rate in the previous year by 20·1, but the death rate, ·30, is lower by ·22, while compared with the octennial average rates an increase of 97·1 is observed in that of admission, but a decrease of ·10 in that of mortality. The average number constantly sick from these diseases was 183·22, equal to a ratio of 13·66 per 1,000, which is higher than the previous year's rate by ·85 and than the average rate by 2·88. The principal cause of admission was ague, 6,099 cases, and there were also 86 cases of remittent fever, and 99 of malarial cachexia. The deaths were 3 from remittent fever and 1 from ague. The greatest prevalence of malarial fevers in any district was in that of Sind where the admission rate reached 786·0 per 1,000, the ratio next in order was 636·8 in the Deesa district, followed by 595·2 in the Aden district, 582·0 in the Mhow district, 312·9 each in the Poona and Bombay districts, and 276·8 in the Nagpur district. In the preceding year also the highest and lowest ratios of admissions were in the Sind and Nagpur districts. Compared with corresponding ratios in the preceding year the admission ratio in the Sind district shows an increase of 127·0, that in the Nagpur district one of 102·0, that in the Poona district one of 29·1, and that in the Deesa district one of 16·0, but in the Mhow, Bombay, and Aden districts there has been a decrease of 18·8, 15·2, and ·8 per 1,000 respectively. Among the different stations it is found that the highest admission ratio for malarial fevers was 1200·0 per 1,000 in Neemuch, next 867·3 at Karachi, 843·2 at Ahmedabad, 782·8 at Nasirabad, and 724·3 at Satara; the ratios at the other stations ranged between 514·9 and 170·4, the latter occurring at Ahmednagar.

Septic Diseases caused 7 admissions, equal to a ratio of ·5 per 1,000, which is exactly half of the preceding year's rate and of the average rate.

Venereal Diseases.—The admissions for *primary syphilis* numbered 2,345, equal to a ratio of 174·8 per 1,000, which is higher than the corresponding ratio in the previous year by 33·6 and than the average rate for the preceding eight years by 41·5. The ratio of constantly sick from this affection was 14·83, higher than that in the year 1893 by 3·52, and than the octennial average rate by 4·45. Including the sickness from simple venereal ulcer, admissions 1,211 and constantly sick 86·62, the ratio of admissions for primary venereal sores was 265·1 and constantly sick rate 21·28 per 1,000. Compared with corresponding rates in the previous year, an increase of 47·0 is observed in the former and one of 5·31 in the latter, and in comparison with the average rates for the preceding eight years an increase of 89·5 has occurred in the admission rate and one of 8·29 in the rate of constant inefficiency. *Secondary Syphilis* was the cause of 1,000 admissions and 2 deaths, including that of an invalid who died after leaving the Command. The admission ratio, 74·5 per 1,000, is higher than the previous year's rate and the octennial ay.

average rate by 13·8 and 27·9 respectively. The constantly sick rate, 6·40, is also higher in both comparisons, by 1·39 in the former and 3·09 in the latter. *Gonorrhœa* with 2,750 admissions gave a ratio of 205·0 per 1,000. This is higher than the rate in the preceding year by 20·0 and than the average rate for the preceding eight years by 36·8. The constantly sick rate, 14·60, is also higher in both these comparisons by 1·95 and 3·14 respectively. Including all forms of venereal disease the total admission ratio amounted to 544·6 per 1,000, which shows an increase of 80·8 on the corresponding rate in the preceding year and of as much as 154·2 on the average rate for the preceding eight years. The total rate of constant inefficiency on account of venereal affections was 42·28 per 1,000, higher than the corresponding ratio in 1893 by 8·65, and than the octennial average rate by 13·88.

In Abstract XXX. is shown the prevalence of venereal diseases, except simple venereal ulcer, in the different districts in the Command. The highest ratio of prevalence of primary syphilis was 220·4 per 1,000 in the Poona district, the next, 209·0, in the Mhow district, followed by 189·2 in the Sind district, 172·0 in the Nagpur district, 112·7 in the Bombay district, 106·7 in the Aden district, and 50·2 in the Deesa district. In the previous year the highest ratio was in the Nagpur, and the lowest in the Aden district. For secondary syphilis the Bombay district gave the highest admission rate, 138·0 per 1,000, and the Aden district the lowest 25·7. The intervening ratios were as follows: Mhow district 81·2 per 1,000, Deesa and Poona districts 76·0 and 75·1 per 1,000, and Sind and Aden districts, 30·5 and 25·7 per 1,000 respectively. In the preceding year the highest ratio was, as in the year under report, in the Bombay district, but the lowest was in the Sind district. The greatest prevalence of gonorrhœa was in the Deesa district, the admission ratio being 308·5 per 1,000, the next were 278·1 in the Mhow district, and 209·6 in the Bombay district, followed by 202·4 in the Nagpur district, 171·2 in the Poona district, 155·2 in the Aden district, and 149·1 in the Sind district. In 1893 the highest ratio of admissions was in the Nagpur district and the lowest in the Aden district. Taking syphilis and gonorrhœa together the highest ratio of prevalence was 568·3 per 1,000 in the Mhow district, followed by 466·7 in the Poona district, 460·3 in the Bombay district, 434·7 in the Deesa district, 411·0 in the Nagpur district, 368·8 in the Sind district, and 287·6 in the Aden district. In the preceding year the highest ratio of prevalence was in the Nagpur district, but the lowest, as in the year under report, in the Aden district. Compared with the corresponding rates in the previous year increase has occurred in five districts, amounting to as much as 233·3 per 1,000 in the Mhow district, 110·9 in the Aden district, 101·6 in the Poona district, 91·1 in the Deesa district, and 20·6 in the Sind district; in the remaining districts, Nagpur and Bombay, a decrease has occurred of 251·8 and 82·2 respectively.

Hydrophobia.—One fatal case occurred in the Mhow district.

Parasitic Diseases.—There were 32 admissions, equal to a ratio of 2·4 per 1,000, as compared with 1·8 in the previous year, and with 4·0 the average rate for the preceding eight years. Excepting 2 admissions all were for tænia solium.

Scurvy caused 3 admissions against 5 in the preceding year, and *alcoholism* was the cause of 43 admissions, the ratio being 3·2 per 1,000, less by ·4 than the rate in the previous year, and by 3·7 than the octennial average rate. Among the cases treated 2 were for delirium tremens.

Debility.—In the year under report 370 admissions are recorded under this head, being in the ratio 27·6 per 1,000, which is less than the last year's rate by 3·7, and than the average rate by 5·2. Of the districts Aden furnished the highest admission rate, 65·7 per 1,000, and Deesa the lowest, 10·6. The ratios in the Bombay, Poona, Nagpur, Sind, and Mhow districts were 37·4, 31·0, 20·7, 18·4, and 14·1 respectively. The ratio in the Mhow district shows an increase of 3·2 and that of the Poona district one of ·3, while all the remaining ratios show a decrease, the largest being in that of Sind, 20·1.

Rheumatism.—305 admissions are returned for rheumatic affections. The admission ratio, 22·7 per 1,000, is lower than in the previous year by 5·0 and below the preceding eight years' average rate by 2·8. Out of the total number of admissions there were 6 cases of rheumatic fever, 295 of rheumatism,

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and 2 each of gout and osteo-arthritis. With regard to locality, the Aden district showed the highest ratio of prevalence, 29·5 per 1,000, the next being 28·0 in the Bombay district, followed by 27·8 in the Mhow district, 23·2 in the Nagpur district, 21·3 in the Deesa district, 17·8 in the Poona district, and 15·0 in the Sind district. Compared with the last year's return, the ratios in the Mhow, Poona, Deesa, and Sind districts have increased by 2·3, 1·7, 1·4, and ·6, and those in the Aden, Bombay, and Nagpur districts have decreased by 29·8, 29·4, and ·7 respectively.

Tubercular Diseases caused 72 admissions and 16 deaths, including those of 8 invalids who had left the Command, being in the ratios of 5·4 and 1·19 per 1,000 respectively. The admission and death rates are higher than the corresponding rates of the preceding year by 2·0 and ·67, and than the average rate for eight years by 1·3 and ·34 respectively. As in the preceding year the highest and lowest ratios of admissions for tubercular affections were in the Bombay and Mhow districts, being 22·1 and ·7 respectively; the intermediate ratios were 6·7 in the Aden district, 3·7 in the Nagpur district, 3·0 in the Deesa district, 1·7 in the Sind district, and 1·5 in the Poona district. Comparing these rates with those for 1893, an increase of 12·7 has occurred in the rate in the Bombay district, one of ·7 in the Poona district, and one of ·6 in the Nagpur district; in the Sind, Aden, and Deesa districts, a decline took place of 2·5, 2·1, and 1·1 respectively. In the Mhow district the rate was the same as that for 1893; mortality in the country was greatest in the Bombay district, the rate being 1·35 per 1,000; the next rate was 1·21 in the Nagpur district, followed by ·95 in the Aden district, ·52 in the Poona district, ·34 in Mhow district, and *nil* in the Deesa and Sind districts. In the previous year the highest death-rate occurred in the Sind district, and there was no mortality in the Poona, Mhow, and Aden districts. All the admissions, excepting four, and the whole of the deaths, including those of the invalids, were due to tubercular diseases of the lungs.

Other Diseases of Group D., were the cause of 109 admissions, equal to a ratio of 8·1 per 1,000, as compared with 7·1 per 1,000 in the previous year. Of the total number of admissions, 35 were cases of non-malignant, and 3 of malignant new growth, and there were 13 cases of scrofula, 2 of purpura, 54 cases of anæmia, and 2 of diabetes mellitus. The two deaths were due to cancer.

LOCAL DISEASES.—*Diseases of the Nervous System.*—There were 146 admissions and 5 deaths, being in the ratios of 10·9 and ·37 per 1,000 respectively. Compared with the corresponding rates in the previous year, the admission rate shows a decline of 1·0, but the death rate remains the same. In comparison with the octennial average rate, the admission ratio shows a decline of 2·3, but the death rate is higher by ·04. The greatest prevalence of nervous diseases in any district was in that of Bombay, the ratio being 21·7 per 1,000. The next rate was 15·0 in the Sind District, followed by 10·7 in the Deesa district, 9·7 in the Mhow district, 8·4 in the Nagpur district, 5·8 in the Aden district, and 5·7 in the Poona district. In the preceding year, the highest ratio was in the Deesa district, but the lowest, as in the year under report, was in the Poona district. Compared with corresponding ratios in last year's return, an increase of 4·0 has occurred in the rate in the Mhow district, one of 2·4 in the Sind district, and a fractional one in the Poona district; the rates in the remaining districts have declined, that in the Deesa district by as much as 19·2, that in the Aden district by 8·5, and those in the Nagpur and Bombay districts by 2·0 and 1·2 respectively. Among the admissions were 25 cases of *mental disease*, equal to a ratio of 1·9 per 1,000, which is almost identical with that in the previous year, but 1·2 below the average rate. The remaining admissions included 52 for neuralgia, 17 for epilepsy, 16 for paralysis, 9 each for vertigo and sclerosis, 8 for inflammation of brain, &c., 3 for megrim, 2 each for hysteria and somnambulism, and 1 each for congestion and abscess of brain and tetanus. The deaths were 2 from inflammation, and 1 each from congestion and abscess of brain, and 1 from tetanus.

Diseases of the Eye caused 152 admissions, or 11·3 per 1,000, which is below the rate in the previous year, and the octennial average rate by 2·0 and 3·0 respectively. Ophthalmic diseases were most prevalent in the Bombay district, the ratio being 18·0 per 1,000; the ratios next in order were 12·4 in

Bombay. the Aden district, 11·6 and 11·0 in the Poona and Nagpur districts, 10·6 and 10·4 in the Deesa and Sind districts, and 7·0 in the Mhow district. In the previous year the highest ratio was in the Nagpur district, and the lowest in the Poona district. Excepting the Poona district, which shows an increase of 3·0, all the remaining districts show a decrease in the following order, Nagpur district 10·9, Sind district 5·2, Deesa district 3·5, Mhow district 3·2, Aden district 3·0, and Bombay district 2·3. Of the admissions, 97 were for some form of conjunctivitis, 16 for diseases of the cornea, 21 for iritis, 3 for inflammation of the optic nerve, 2 for diseases of the lens, 6 for disorders of vision, 2 for affections of the lachrymal apparatus, and 5 for diseases of the eyelids.

Diseases of the other Organs of Special Senses.—168 admissions are returned, being in the ratio of 12·5 per 1,000, higher than the preceding year's rate by ·8, but lower than the octennial average rate by 2·1. As in the previous year, the highest ratio was in the Sind district, 29·3 per 1,000. In the Aden district the ratio was 21·9, in the Deesa district 19·7, in the Bombay district 11·7, in the Mhow district 10·1, in the Nagpur district 9·8, and in the Poona district 4·4. Compared with the last year's return, an increase is observed in the Aden, Bombay, and Sind districts, and decrease in the Nagpur, Deesa, and Mhow districts, the rate for the Poona district remaining the same. Of the admissions, 9 were for nasal affections, and the remainder for aural diseases, principally inflammation of the external meatus. The fatal case was one of suppurative inflammation of tympanum.

Diseases of the Circulatory System.—There were 176 admissions and 13 deaths, including that of an invalid, equal to ratios of 13·1 and ·97 per 1,000, which are higher than the preceding year's corresponding rates by 3·6 and ·75, and than the average rates by ·4 and ·67 respectively. The greatest prevalence of affections of the circulatory system was in the Bombay district, the ratio being 40·1; the ratio next in order was 13·8 in the Sind district, then 12·4 in the Deesa district, 11·0 in the Nagpur district, 9·7 in the Mhow district, and 1·3 in the Poona district. In the preceding year the greatest prevalence was in the Sind district, and the least, as in the year under report, in the Poona district. Compared with the previous year's return, the admission rates in the Bombay, Nagpur, Mhow, and Aden districts have increased by 30·7, 4·8, 3·6, and ·4, and have decreased in the Sind, Poona, and Deesa districts by 10·9, 3·1, and 2·5 respectively. The chief causes of admission were palpitation 72 cases, valvular disease of the heart 68, dilatation of heart 8, varix 7, and aneurysm 6 cases. Valvular disease of the heart caused 5 deaths in the Command and that of the invalid, fatty degeneration 2, syncope 2, and pericarditis, endocarditis, and aneurysm, 1 each.

Diseases of the Respiratory System caused 392 admissions and 9 deaths, 3 being those of invalids who had left the Command, equal to ratios of 29·2 and ·67 per 1,000 respectively. The admission ratio is higher than the corresponding rate in the previous year by 9·2, and than the average rate for the preceding eight years by 2·0. The death rate is fractionally lower in both these comparisons. Among the different districts, the highest admission rate occurred in the Aden district, 40·0 per 1,000; the next rate was 38·3 in the Bombay district, followed by 36·8 in the Sind district, 32·2 in the Mhow district, 21·7 in the Poona district, 18·2 in the Deesa district, and 11·0 in the Nagpur district. In the previous year the highest ratio was in the Bombay district, but the lowest, as in the year under report, in the Nagpur district. Compared with the similar rates in the previous year, an increase is observed in all, the highest being 14·2 in the Mhow district, the next below, 12·6, in the Aden district, followed by 8·7 in the Poona district, 7·3 in the Sind district, 5·8 each in the Deesa and Nagpur districts, and ·2 in the Bombay district. Mortality in the Command shows an increase in the Aden and Deesa districts of 1·91 and 1·52 respectively; in all the other districts there has been a decrease, excepting that in the Nagpur district there was no mortality in either year. Of the admissions, 323 cases were due to bronchial affections, 45 to pulmonary affections, 16 to diseases of the pleura, and 8 to diseases of the larynx. The deaths in the Command were 3 from pneumonia, and 1 each from hæmoptysis, pneumonic phthisis, and pleurisy. The deaths of invalids were all due to pneumonia.

Diseases of the Digestive System caused 1,402 admissions and 29 deaths; the admission rate, therefore, was 104·5, and the death rate 2·16 per 1,000, the

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former being higher than the corresponding rate in the previous year by 11·1, but lower than the eight years' average rate by 19·0, while the latter is higher than the rate in 1893 by ·90 and than the average rate by ·67. The greatest prevalence of these diseases was in the Deesa District, the ratio of admission being 141·3 per 1,000 followed by 135·5 in the Mhow district, 133·3 in the Aden district, 117·4 in the Sind district, 101·0 in the Bombay district, 76·7 in the Poona district, and 46·4 in the Nagpur district. In the preceding year also the Deesa district gave the highest rate and the Nagpur district the lowest. Compared with the corresponding ratios in that year those in the Aden, Mhow, Deesa, and Sind districts show an increase of 31·2, 28·2, 25·1 and 15·8 respectively, while in the Nagpur and Bombay districts there is a decline of 6·7 and 1·8 respectively; in the Poona district the rate was unchanged. The highest mortality rate was 3·69 per 1,000 in the Mhow district, then 2·86 in the Aden district, 2·30 in the Sind district, 2·26 in the Bombay district, 1·29 in the Poona district, 1·22 in the Nagpur district and *nil* in the Deesa district. In 1893 the Bombay district gave the highest rate of mortality and there were no deaths in the Aden and Nagpur districts. The principal causes of admission were affections of the mouth and throat 437 cases, dyspepsia 159, diarrhœa 293, and hepatic diseases 342, including 40 cases of abscess of liver.

The deaths were 21 from hepatic abscess, 2 from hæmorrhage of intestines and 1 each from inflammation of stomach, abscess, obstruction, and perforation of intestines, diarrhœa and cirrhosis of liver. Abstract XXXIV. shows the prevalence of diarrhœa and hepatitis, including abscess of the liver in each district in the Command, and Abstract XXXV. shows the prevalence of, and mortality from, these diseases in each quarter of the year. The admission rate for diarrhœa was 21·8 and the death rate ·07 per 1,000 as compared with 21·2 and *nil*, in the preceding year. The greatest prevalence of diarrhœa in any district was in that of Aden, the ratio being 45·7 per 1,000, this was followed by 39·5 in the Deesa district, 27·5 in the Mhow district, 24·1 in the Sind district, 16·7 in the Bombay district; 13·7 in the Poona district and 4·9 in the Nagpur district. In the previous year the greatest prevalence of diarrhœa was in the Mhow district, but the lowest, as in the year under report, in the Nagpur district and compared with the return for that year the ratios in the year under report show an increase in the Aden, Deesa, and Sind districts, while decrease is observed in the remainder. The greatest seasonal prevalence of diarrhœa was in the third quarter of the year, the ratio being 9·2 per 1,000, the next rate was 5·5 in the second quarter, followed by 4·1 in the fourth quarter and 3·2 in the first quarter. In the previous year the greatest prevalence was also in the third quarter, but the first came next, then the fourth, and lastly the second. Hepatitis and liver abscess gave an admission rate of 13·3, and a death rate of 1·57 per 1,000, as compared with 9·3 and ·52 in the previous year. The highest ratio of admission in any district was 23·9 in the Bombay district, the next, 15·8, in the Nagpur district, followed by 13·1 in the Mhow district, 10·6 in the Poona district, 9·8 in the Sind district, 9·5 in the Aden district, and 7·6 in the Deesa district. In the preceding year the highest ratio was in the Aden district, and the lowest in the Sind district. Compared with the last year's return the ratios of all the districts show an increase except that of Aden which shows a decrease. Mortality was highest in Mhow district, 3·35 per 1,000, next 2·86 in the Aden district, then 1·35 in the Bombay district, 1·22 in the Nagpur district, 1·15 in the Sind district, ·52 in the Poona district, and *nil* in the Deesa district. As to seasonal prevalence of hepatic affections, the fourth quarter of the year gave the highest ratio of admissions, 4·4 per 1,000, the third quarter the next, 3·3; then the second quarter 3·1, and lastly, the first quarter, 2·5. In the previous year the greatest prevalence was also in the fourth quarter, but the least in the second quarter. Mortality was highest in the fourth quarter, the rate being ·82 per 1,000, followed by ·54 in the third quarter ·15 in the second quarter, and ·07 in the first quarter. In the previous year the greatest mortality was in the first quarter, followed by the fourth, second, and third quarters, in the order named.

Diseases of the Lymphatic and Glandular System.—There were 348 admissions and 1 death. The admission rate was therefore 25·9 per 1,000, higher than that for the preceding year by 4·4, but lower than the eight years' average rate by 4·5. The greatest prevalence of these affections was in the Sind

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district, the rate being 47·8 per 1,000 followed by 28·8 in the Mhow district, 23·8 and 23·2 in the Aden and Nagpur districts, 21·7 and 21·3 in the Poona and Deesa districts, and 16·2 in the Bombay district. In the previous year the highest rate was in the Nagpur district, and the lowest in the Aden district. Compared with the last year's return an increase of 21·9 is observed in the Sind district one of 17·2 in the Aden district, one of 8·1 in Mhow district, one of 6·4 in the Deesa district, and a fractional one in the Poona district. In the Nagpur and Bombay districts there has been a decrease of 19·5 and 4·7 respectively. Inflammation of glands was the chief cause of admission, and among the remaining cases were 30 of affections of the spleen. The death was due to lymphadenoma.

Diseases of the Urinary System caused 33 admissions and 4 deaths, one being that of an invalid who had left the Command. The admission ratio, 2·5 per 1,000, is higher than that in 1893 by ·7, and than the average rate by ·4. The principal causes of admission were Bright's disease, acute nephritis, and inflammation of the bladder. Of the deaths 2 were due to acute nephritis, and 2, including that of the invalid, to Bright's disease.

Diseases of the Generative System.—1,366 admissions are returned, being in the ratio of 101·8 per 1,000. Compared with the rate in the preceding year and with the eight years' average rate an increase of 14·1 is observed on the former and one of 39·4 on the latter. Of the districts, that of Deesa gave the highest admission rate, 191·5 per 1,000; the next below were 175·2 and 173·8 in the Aden and Mhow districts, then 143·8 in the Bombay district. The ratios in the remaining districts were a good deal lower, viz., 47·7 in the Poona district, 13·8 in the Sind district, and 7·3 in the Nagpur district. Of the admissions, more than seven eighths were due to simple venereal ulcer, and of the remainder the most frequent causes of admission were orchitis 90 cases and balanitis 21. One death occurred from gangrene.

Diseases of the Organs of Locomotion show 119 admissions, or 8·9 per 1,000, which is in excess of the previous year's rate by 1·0 and of the octennial average rate by 1·9. Synovitis caused 82 admissions, and among the remainder were 8 for inflamed bursa and 6 for periostitis.

Diseases of the Connective Tissue caused 271 admissions, equal to a ratio of 20·2 per 1,000, higher than the previous year's rate and the average rate of eight years by 1·0 and 1·5 respectively.

Diseases of the Skin.—There were 756 admissions, being in the ratio of 56·4 per 1,000. Compared with the corresponding ratio in the preceding year an increase of 1·1 has occurred, but compared with the average rate a decline of 11·4 is observed. The highest ratio of prevalence of cutaneous affections in any district was 129·5 per 1,000 in the Aden district, the next 96·1 in the Sind district, followed by 88·1 in the Deesa district, 62·1 in the Mhow district, 37·4 in the Bombay district, 34·1 in the Nagpur district, and 25·0 in the Poona district. In the previous year also the highest and lowest ratios were in the Aden and Poona districts. Compared with last year's return an increase is observed in the ratios of the Sind, Aden, and Mhow districts, and a decrease in the Bombay, Nagpur, Deesa and Poona districts. As usual the chief causes of admissions were boils, ulcers, whitlows, ringworm, eczema, and itch.

Poisons.—There were 12 admissions and 1 death as compared with 15 admissions and 2 deaths in the previous year. The cases were 5 of poisoned wound by fish, 1 of oxalic acid poisoning, 1 of poisonous fish, fatal, and 1 each of poisoned wound by cat, rabid dog, rabid horse, scorpion, and stinging insects.

Injuries.—The admission ratio for injuries was 89·2 per 1,000, a decrease of 4·4 from the previous year's rate and one of 16·6 from the octennial average rate. General injuries caused 39 admissions and 25 deaths, including that of an invalid who was proceeding to England. 25 of the admissions were the result of heat, 9 of burns and scalds, 3 of multiple injury, and 1 each of effects of chemical agents and irritants. The deaths were due to heat apoplexy in 10 cases, to drowning in 8 cases (including the invalid), and to multiple injury in 3 cases of which 1 was suicidal, a gunner of the Royal Artillery, at Kirkee, being found terribly mutilated on the railway line about six hundred yards from the railway station. He apparently had

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deliberately placed himself on the rails and allowed the train to run over him. No motive could be assigned for the deed; the verdict was "Temporary insanity." The remaining deaths were 2 due to asphyxia from strangulation—judicial, and 2 to asphyxia from plugging of air passages with foreign substances. Local injuries caused 1,158 admissions and 13 deaths. The chief causes of admission were wounds 387, contusions 316, sprains 258, abrasions 84, and fractures 55. The remainder included 17 for dislocation, 9 for gunshot wounds, and 8 for concussion of brain. There was 1 death each from concussion, compression, and laceration of brain, fracture, rupture of spleen and rupture of artery, and 3 from wounds of the neck, suicidal. In no case could any motive be assigned, and the verdict was in each instance "Temporary insanity." The 4 remaining deaths were due to gunshot wounds, 1 accidental and 3 homicidal. 2 of these latter occurred at Ahmedabad, where a private shot a corporal and a lance-corporal of his regiment, and the other was at Bombay, a private having shot a lance-corporal

Surgical Operations.—3,194 operations were performed during the year. Among these was a successful amputation of the left forearm on account of both the hand and wrist being shattered by the bursting of a gun barrel while firing. 26 were for opening abscess of the liver by aspiration, tapping and drainage, of which half were fatal, 1 for section of the ulnar nerve, also fatal, and 1 for paracentesis of the pleura, successful.

Invaliding.—The number of men invalided home during the year was 365, being in the ratio of 27·21 per 1,000, which is above the preceding year's rate by 5·17 and above the average rate for the previous ten years by ·39. The invaliding rates for the different arms of service and for separate corps will be found in Abstract XLIII. In the cavalry the ratio of invaliding was 20·20 per 1,000, a decrease of 15·84 from the corresponding rate in the previous year. In the Artillery the invaliding rate was 26·43, lower than in 1893 by 1·54 per 1,000. Among separate batteries, excluding those with small average annual strength, the highest invaliding ratio was 96·77 in No. 35 Field Battery at Ahmedabad; the next, 93·17, in No. 47 Field Battery at Karachi; then 64·29 in No. 55 Field Battery at Deesa; the lowest ratio was 6·54 in the 3rd Company, Southern Division, at Karachi, the next above being 6·90 in No. 36 Field Battery at Kirkee, and 12·90 in No. 22 Field Battery at Nasirabad. In the Infantry the invaliding ratio was 28·26 per 1,000, an increase of 10·10 on the corresponding rate in the previous year. Of regiments of infantry, excluding the 2nd Battalion West Yorkshire Regiment, the 2nd Battalion Lancashire Fusiliers, and the 2nd Battalion Royal Irish Rifles, which were only a short time in the Command, the highest invaliding ratio was 101·15 in the 2nd Battalion Gloucestershire Regiment at Aden, the next, 32·79, in the 2nd Battalion Durham Light Infantry at Mhow, and 31·11 in the 2nd Battalion Yorkshire Light Infantry at Poona; the lowest ratio was 8·15 in the 2nd Battalion Middlesex Regiment at Ahmednagar, the next above 10·47 in the 2nd Battalion Royal Lancaster Regiment at Nasirabad, and 21·11 in the 1st Battalion Loyal North Lancashire Regiment at Bombay. In preceding tables will be found the ratios of invaliding according to age and according to length of service in the country. As to the former it will be observed that the highest invaliding rate was 48·16 per 1,000, among men between 35 and 40 years of age, the next, 39·23 among men between 30 and 35 years of age, and the next below, 29·12 and 28·13, among men between 25 and 30 and between 20 and 25 years of age. After this the ratio declined to 14·74 among men under 20 years, and among men over 40 years of age it was 12·66.

In the previous year there was no similarity in the sequence of ratios with that in the year under report, and all the ratios show an increase with the exception of those among men under 20 years of age and among men over 40 years of age, which show a decrease. As to service in the country the ratio of invaliding among men in their first year was 29·56 per 1,000, rising to 30·40 among men in their second year; after this period there was a decline, the rate among men in their third year of service in the country being 29·69, and that among men in their fourth year 22·33. The rate slightly increased among men in their fifth year, being 23·61, and went up to 34·94, the highest rate of all, among men beween five and ten years of service, but it decreased to 28·68 among men over ten years of service. The sequence of ratios in the *nbay.*

preceding year was different from that in the year under report, and the highest ratios of invaliding were then among men in their second and fifth years of service, and the lowest among men who had been more than ten years in the Command.

The principal causes of invaliding were enteric fever 7 cases, or ·52 per 1,000, an increase of ·08 on the last year's rate; simple continued fever 1 case, or ·07 per 1,000, against *nil* in the previous year; dysentery 3 cases, or ·22 per 1,000, the same as in the year 1893; malarial fevers 77 cases, or 5·74 per 1,000, an increase of 2·78; secondary syphilis 38 cases, or 2·83 per 1,000, an increase of ·69; gonorrhœa 9 cases, or ·67 per 1,000, an increase of ·52; debility 50 cases, or 3·73 per 1,000, a decline of ·41; rheumatism 10 cases, or ·75 per 1,000, an increase of ·01; tubercular diseases 17 cases, or 1·27 per 1,000, an increase of ·53; diseases of the nervous system 38 cases, or 2·82 per 1,000, an increase of ·60 (of these 23 cases or 1·71 per 1,000 were mental affections); eye diseases 6 cases, or ·45 per 1,000, a decrease of ·07; diseases of other organs of special senses 9 cases, or ·67 per 1,000, an increase of ·23; diseases of the circulatory system 26 cases, or 1·94 per 1,000, a decrease of ·43; diseases of the respiratory system 6 cases, or ·45 per 1,000, an increase of ·30; diseases of the digestive system 28 cases, or 2·09 per 1,000, an increase of ·17; diseases of the urinary system 7 cases, or ·52 per 1,000, a decrease of ·14; diseases of the organs of locomotion 3 cases, or ·22 per 1,000, a decline of ·30; poisons 2 cases, or ·15 per 1,000, against *nil* in the year 1893, and injuries 11 cases, or ·82 per 1,000, an increase of ·01.

The number of men finally discharged the service as medically unfit was 164, of whom 2 were discharged in India. The ratio, 12·22 per 1,000, is higher than that for the previous year by 1·20, but lower than the decennial average rate by ·83. The principal disabilities necessitating discharge were secondary syphilis 19 cases, or 1·42 per 1,000, an increase of 1·05 as compared with the rate tor the preceding year; debility 21 cases, or 1·57 per 1,000, an increase of ·83; tubercular diseases 7 cases, or ·52 per 1,000, as against ·74 in 1893; diseases of the nervous system 38 cases, or 2·83 per 1,000 (including 29, or 2·16 per 1,000, of mental disease), an increase of ·54; diseases of the circulatory system 17 cases, or 1·27 per 1,000, a decrease of 1·39; and injuries 9 cases, or ·66 per 1,000, a decline of ·07.

Officers.—The average strength of officers was 479, and there were 388 attacks of illness, 4 deaths, and 38 officers were invalided home. The ratio of prevalence of sickness was 810·0, an increase of 102·7 on the corresponding rate in the previous year. The mortality rate was 8·35 and the invaliding rate 79·33 per 1,000; the former lower than in the year 1893 by 7·37 and the latter higher by 26·29. Among the cases treated were 1 each of small-pox and measles, 3 of dengue, 2 of influenza, 35 of simple continued fever, 7 of enteric fever, 1 of cholera, 11 of dysentery, 119 of malarial fever, including 15 of remittent fever, 8 of debility, 6 of rheumatic affections, 6 of diseases of the nervous system (of which 1 was a case of mania), 55 of diseases of the digestive system, and 67 of injuries. The deaths were 1 each from enteric fever, cholera, valvular disease of the heart, and fracture. The causes of invaliding were simple continued fever 2 cases, enteric fever 5 cases, dysentery and malarial fevers 3 cases each, debility 5 cases, diseases of the digestive system 8 cases, and 1 case each of tubercle of lung, neuritis, mania, valvular disease of the heart, varix, inflammation of lymph glands, albuminuria, inflammation of bladder, synovitis, ulcer, effects of heat and sprain.

Women.—The average strength was 651, and there were 544 admissions into hospital and 14 deaths, being in the ratios of 835·6 and 21·50 per 1,000. The former is below the corresponding rate in the preceding year by 36·6 and the latter above by 5·53. Among the admissions were 1 case each of small-pox and measles, 3 of dengue, 9 of simple continued fever, 1 of enteric fever, 6 of dysentery, 173 of malarial fevers (including 2 of remittent fever), 189 of debility, 5 of tubercle of lung, 15 of anæmia, 9 of diseases of the nervous system (including 1 of mania), 5 of diseases of the eye, 13 of diseases of the respiratory system, 52 of diseases of the digestive system, 37 of diseases of the generative system, 6 of skin diseases, and 9 of injuries. The causes of deaths were tubercle of lungs 3 cases, and debility, tetanus, pneumonia, inflammation of tongue, ulceration of stomach, cirrhosis of liver, diarrhœa, abscess of liver, peritonitis, heat, apoplexy, and compression of brain 1 case respectively. *Bombay.*

Children.—The average strength of children was 1,212, and there were 633 admissions into hospital and 50 deaths. The admission ratio, therefore, was 522·3 per 1,000, a decrease of 37·5, and the death rate 41·25 per 1,000, an increase of 12·65 on the corresponding rates in the previous year. Small-pox caused 1 admission, cow-pox 1, chicken-pox 10, measles 42, dengue 6, whooping cough 6, simple continued fever 39, enteric fever 1, and dysentery 7. Malarial fevers gave 183 admissions, including 6 of remittent fever; 75 cases of debility occurred, and 3 of anæmia. Among local diseases there were 2 cases of inflammation of the cerebral membranes, 17 of infantile convulsions, and 46 of conjunctivitis. Respiratory diseases, chiefly bronchitis, caused 51 admissions, and diseases of the digestive system caused 109 admissions, of which 51 were due to teething and 42 to diarrhœa; cutaneous affections 12, and injuries 13. The deaths were 14 from infantile convulsions, 8 from debility, 7 from diarrhœa, 5 from teething, 3 from measles, 2 each from dysentery, remittent fever, inflammation of the cerebral membranes, and bronchitis, and 1 from simple continued fever, ague, immaturity at birth, anæmia, and sloughing sore throat respectively.

SANITARY CONDITIONS.—With regard to the sanitary condition of the different districts and stations, and the health of the troops in them, the following information is taken from the report of the Principal Medical Officer, Surgeon-Major-General J. Warren.

Poona.—The sanitary state of the barracks and hospitals was satisfactory during the year. There was no over-crowding. The old Mountain Battery Hospital was taken into use and tents pitched when required. Three small buildings for contagious disease were completed during the year; they are situated on the slope of the hill to the south of the hospital, and about a thousand yards from it. These buildings afford accommodation for about six Europeans and two natives. There was again an outbreak of enteric fever in the military prison, but though the matter was most carefully investigated no specific cause could be absolutely detected. The larger portion of cases of enteric fever, 18 with 8 deaths, were admitted from Ghorpuri, where the milk supply was under no supervision during part of the year; this has now been remedied.

Kirkee.—There was no alteration in the accommodation for the troops during the year, and the deficient accommodation in the patcheries (married quarters) used as barracks by the infantry detachment continued, the men receiving less than half the cubic space they are entitled to according to regulations. In other respects the sanitary condition of the barracks and hospital was most satisfactory and the health of the troops good. The over-crowding has been frequently represented, but cannot be remedied without new buildings or occupying the Royal Artillery Barracks.

Ahmednagar.—Had it not been for enteric fever the high standard of health noted in the previous year would have been maintained. This the medical officer attributed to the large number of total abstainers amongst the troops which formed the garrison. There was a severe outbreak of enteric fever in the earlier part of the year, but no specific cause could be traced. It is advisable that the openings by which water is drawn from the aqueduct should be covered up and water drawn by pumps and not by buckets. The gymnasium under construction in 1893 was completed, but there were no other structural changes. The drainage generally was good, but that from the back of the infantry married quarters is still capable of improvement.

Satara.—Up to the beginning of June the water supplied to the troops had been got from wells in different parts of the station, but in that month the supply for the city was extended to the barracks and hospitals of both the European and native troops. This is derived from the Kar Lake, 14 miles distant, situated on a high plateau about 1,300 feet above the level of Satara. The source is a very pure one. The water is brought by an open aqueduct to the edge of the table land, and afterwards in closed pipes. Since November 21st of the year 1894 it has been passed through a filtering bed of sand divided into compartments, so that the sand can be periodically replaced, and arrangements were made for doing this. The sanitary condition of barracks *ombay.*

and hospitals was satisfactory, and no changes were made during the year. The general health of the troops was fair; a large amount of malarial fever occurred, principally after the arrival of the detachment 1st Battalion Middlesex Regiment from Quetta, where the disease was contracted.

Purandhur.—The Sanitarium proved very useful to the majority of the convalescents sent there during the year. The barracks were clean, there was no overcrowding, and the sanitary condition was generally good. The water was tested and found pure. A case of enteric fever occurred and proved fatal, but the disease was contracted by the man either at Ahmednagar or on the way from that station.

Mhow.—The rainfall was much above the average, and the year a very unhealthy one compared with 1893, there being an increase of both admissions and deaths, chiefly due to an epidemic of enteric fever in July and August, which originated in and affected chiefly the 2nd Battalion Durham Light Infantry. There seems little doubt that it was due to the milk supply. The supply of water from the Bircha reservoir, about five miles distant, is ample for all purposes; but though the quality is good, it is very desirable that a filter bed be constructed, as in the rains the water contains a large quantity of suspended matter; it is likewise highly desirable that the service reservoir which is at present open, should be covered in. A new roof was put on the Station Hospital during the year. Several suggestions made by the Principal Medical Officer of the district regarding surface drains were to be carried out as soon as funds were available. The sanitary state of barracks and hospitals generally was satisfactory. After the outbreak of enteric fever every precaution was taken to keep the milk pure, but the supply at its best is indifferent, the cows being small and underfed.

Nasirabad.—The sanitary condition of the barracks and hospitals was satisfactory and there was no overcrowding. Early in the year the condition of the filters was found unsatisfactory and measures were at once taken to prevent its recurrence, the sand and charcoal being rendered aseptic by heat before use. The drinking water was, as formerly, procured from the Dilwara well; the quality is good, but it is suggested that it should be reserved exclusively for the use of the troops, and cultivation close round it stopped.

Neemuch.—The sanitary condition of the barracks and hospitals was satisfactory and the health of the men good. No additions or alterations were made during the year.

Indore.—A new ceiling was put to the hospital, and the asphalte flooring, which had become worn in places, was in course of being renewed throughout the whole hospital. The termination of the drain from the cook room was not in good sanitary condition, but the construction of a receptacle was under consideration, otherwise the sanitary condition generally was very satisfactory. Except for venereal disease the health of the troops was good.

Taragarh.—The sanitarium was opened on the 1st of April and closed on the 15th November. 240 men, 7 women, and 19 children visited the hill, and as a rule were much improved by the change. The sanitary condition of barracks and hospital was satisfactory. Of the 2 cases of enteric fever which occurred one was certainly, and the other probably, contracted elsewhere.

Khandwa.—259 officers, 14,440 non-commissioned officers and men, 342 women and 524 children, passed through the rest camp, halting generally for about 12 hours. There were only a few admissions for trivial causes. It was recommended that a culvert be constructed for a watercourse just in front of the camp.

Bombay.—The general health of the troops was good and the sanitary condition of the barracks and hospitals carefully attended to. The hospital accommodation was found to be deficient and some of the sick had to be treated in the covered verandahs during the rains and in tents during the fair weather. Further accommodation for the warrant officers attached to the hospital was urgently required as they were obliged to live at a great distance from their work. There were 3 cases of enteric fever, one of which must have been contracted on board ship. Bombay is very liable to the invasion of enteric fever from England and from other stations in India, but the local conditions do not seem to favour its existence, for it neither spreads nor maintains any hold on the station.

Deolali.—The sanitary condition of barracks and hospital was very satisfactory. There was no overcrowding, tents being used as required. During the non-trooping season some barracks were used as a sanitarium for men from other stations with satisfactory results. The health of the local troops was fair, that of those passing through excellent. Though there were 9 cases of enteric fever recorded only one was contracted locally, the others were transfers, or men who had contracted the disease up country. An officer died from cholera in April, but careful investigation failed to discover the cause of the disease. There had been a few cases in the bazar during that month. *Bombay.*

Khandalla.—The sanitarium which had been opened on the 1st October 1893 was closed on the 7th June and reopened on the 1st October 1894. The sanitary condition of barracks and hospital was satisfactory and most of the convalescents improved in health during their residence. The improvement in men who had suffered from enteric fever at Poona, Ahmednagar, and Mhow was marked.

Deesa.—The sanitary condition of barracks and hospital was good and there was no overcrowding. The well water used was good but a more satisfactory way of drawing it was under consideration.

Ahmedabad.—The sanitary condition of the barracks and hospital was satisfactory. The health of the troops, however, was bad. Owing to a heavy monsoon malarial fevers, which accounted for a considerable amount of the sickness, were more prevalent. There were 8 cases of enteric fever between March and September, but the disease was of a milder type than formerly and only 1 died. All were men of the Royal Artillery, but no common cause could be traced.

Abu.—The health of the troops was exceptionally good and the convalescents, with a few exceptions, sent up from the plains benefited much by the change. No deaths occurred. A case of enteric fever was imported.

Aden.—The rainfall was more than in the previous year, and the average temperature somewhat lower. The barracks were in a satisfactory sanitary state and there was no overcrowding, but the hospital accommodation, as has been repeatedly pointed out, is neither sufficient nor suitable. At Steamer Point housing of the sick is far inferior to that for the men in health, the theatre had to be occupied as a ward and tents were used at Crater Position. The sanitation was carefully attended to, and the general condition was as good as it could be made under the circumstances. The new system of disposal of refuse at Steamer Point seemed to work satisfactorily. The health of the troops was not good, and there were many more admissions from malarial fevers than in the previous year, but this was not altogether due to the locality, as in the corps which arrived in October from Jhansi, Burmah, and Madras a large proportion of the men were simply saturated wlth malarial poison. The causes of the great increase of fever were probably the increased rainfall, the amount of disturbance of the soil rendered necessary during the strengthening of the fortification and the building of the new Royal Artillery Barracks, which exposed large surfaces of rock and volcanic *débris*, and possibly the dredging of the harbour. Dengue, apparently introduced from Zanzibar, gave rise to a good many admissions, especially at Steamer Point, but influenza, which was very prevalent amongst the civil population, only gave rise to one admission. A man who had been under treatment for a month in No. 2 ward at Steamer Point hospital was attacked by diphtheria and died. The disease was absolutely unknown in Aden at that time and its cause is very mysterious; but there was a latrine and urinal in close proximity to the ward, which itself stands on a space partially cut into the hill-side arrangements; were made to discontinue the use of this ward.

Karachi.—Owing to unusually heavy rainfall there was a great prevalence of malarial fevers, more particularly at the end of the year. The Principal Medical Officer states that "these fevers prevailed among the civil population " to an equal extent, and depended, in my opinion, on defective sub-soil " drainage. There is no fall, or a very slight one, and the sub-soil becomes " water-logged after the rains. A large quantity of water is brought daily " into the station, city, and surroundings, from the waterworks, and no " arrangement has been made to carry this off. Fever is more prevalent each " autumn, when the rainfall has also to be disposed of, and the only remedy

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" would be an effective system of sub-soil drainage. A proposal has been " laid before the municipality for trial of Shone's system of drainage, which, " if carried out, may lead to a more extended drainage scheme, and will " doubtless benefit the troops as well as the civil population." Unlike the preceding year, when the men of the Royal Artillery were the principal sufferers from fevers, it was the Infantry who were most affected, but this is accounted for by the Royal Fusiliers having arrived from Quetta in a very sickly condition. All the cases of enteric fever were from the Infantry. There was a prevalence of epidemic diarrhœa in the hot season, but most of the cases were treated in barracks. One case, which terminated fatally, had many of the appearances or symptoms of cholera; the supposed cause was chill. There was no overcrowding, tents being pitched when necessary, and the sanitary condition generally of the barracks and hospitals was satisfactory. The drains from the Royal Artillery stables were in an insanitary condition, and proposals were made that these and the drains from the swimming bath and dhobies washing place should be paved to a greater distance from the barracks so as to prevent the water stagnating in the water course, which were being attended to. The upper stories of the barracks of the Royal Artillery required verandahs on the west side as they were hot. There were no sinks in the kitchens of Royal Artillery barracks, and representation was made regarding their construction. Also for a small latrine for sergeant-major's quarters, and a raised platform in the regimental dairy, with drains to run off urine and water while the cows are being milked and fed. All these recommendations were receiving attention.

Hyderabad.—The rainfall much exceeded the average, but the general health of the troops was good. The accommodation was ample, and the sanitary condition of barracks and hospitals satisfactory.

Kamptee.—The health of the troops as compared with previous years was good, though a great deal of malarial sickness prevailed among the civil population. The sanitary condition of barracks and hospitals was satisfactory; some minor improvements were made in the latrines and urinals, and others were to be carried out shortly.

Sitabuldi.—The sanitary state of buildings, &c. was generally very satisfactory, but the barrack roof leaked considerably during the rains, making the rooms very damp, and so rendering the occupants more liable to fevers. Steps were taken to have the defect remedied.

XIV.—ON THE HEALTH OF THE TROOPS SERVING IN EGYPT.

Sickness and Mortality.

Egypt. The average strength of British troops serving in Egypt was 5,226 warrant officers, non-commissioned officers, and men. The force consisted of the 7th Dragoon Guards, from the commencement of the year until the end of October, when it proceeded to England on relief by the 2nd Dragoon Guards from India; the 32nd Field Battery, and the 10th Company Eastern Division, Royal Artillery; the 24th Company Royal Engineers, until the end of October, when it proceeded to Malta, the 2nd Company having arrived from that station in relief of it, the 1st Battalion, East Yorkshire Regiment, the 1st Battalion, South Wales Borderers, the 2nd Battalion, South Staffordshire Regiment, the 2nd Battalion, South Lancashire Regiment, and Mounted Infantry; detachments of Army Service Corps, Medical Staff Corps, Ordnance Store Corps, Army Pay Corps, Military Police, and Garrison Staff.

The general health of the troops during the year showed a marked improvement, as compared with that in the previous year, the mortality also being considerably less. This was the case both in Cairo and Alexandria. This may no doubt be attributed principally to the fact that in the year 1893, almost all the troops were men who had arrived in the command during the year, or had been but a short time in the country. In that year the sickness and mortality were a good deal higher than they had been previously, due to the want of acclimatization of their men, and their ignorance of the country. It was expected, and the expectation has been fortunately realised, that there would be considerable improvement in the year under report, nearly the whole of the troops in the garrison having been present in the country for a year or longer. The changes in the composition of the garrison were, as shown above, very few, and those occurred quite at the end of the year, so that the garrison was under very favourable circumstances as regards residence in the country. One of the relieving corps, the Cavalry regiment, suffered a good deal from malarial fever (which it brought from India) for some time after arrival, and, though that arrival was so late in the year, it was sufficient to increase considerably the sick rate of that arm of the service.

The prevailing diseases were febrile and venereal affections. Of the former, simple continued fever and enteric fever were almost in the same degree of prevalence, as in the preceding year, whilst the admissions for intermittent fever were increased from the cause above mentioned. Venereal diseases though still very prevalent were not quite so much so as in the preceding year. The incidence and prevalence of the above, and other diseases, are fully entered into, with statistical information regarding them, in the following pages.

The principal statistics of sickness, mortality, and invaliding among the troops quartered in Egypt, are given in the following table:—

1894. Average Strength.	Admissions.	Deaths			Invalids		Constantly Sick.	Ratios per 1,000 of Strength.				
		In the Command.	Of Invalids.	Total.	Sent Home.	Finally Discharged.		Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
5,226	5,489	43	2	45	69	48	402·86	1050·3	8·61	13·20	9·18	77·09

Compared with similar statistics for the preceding year a decrease is observed in all these ratios, being as much as 280·9 per 1,000 in the rate of admission, 4·99 in that of mortality, and 5·14 in that of constantly sick. In comparison with corresponding results for the average of the previous ten years, a decline of 171·1 per 1,000 is shown in the admission rate, and one of as much as 12·03 in the death rate; the ratio of constant inefficiency through sickness is, however, greater by 4·60.

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The average sick time to each soldier was 28·14 days, which is less than that in the preceding year by 1·87 days, but higher than the average period for the previous ten years by 1·68 days. The average duration of each case of sickness was 26·79 days, longer than in the preceding year by four and a quarter days, and than the decennial average period by over five days.

The succeeding table gives the relative sickness and mortality in the two stations in the Command occupied by British troops at present:—

Stations.	Average Strength.	Admissions.	Deaths.	Ratios per 1,000.	
				Admissions.	Deaths.
Cairo - - - -	4,185	4,301	35	1027·7	8·36
Alexandria - - -	1,041	1,188	8	1141·2	7·68

Comparing the ratios at the two stations it is observed that Alexandria had the highest admission rate, though not to a very great extent. The death rate on the other hand was fractionally higher in Cairo.

Comparing the results in either station with the corresponding ratios for the preceding year, a very favourable decrease is observed in all, the admission rates being lower by 297·8, and 216·6, and the death rates by 5·49, and 3·61 per 1,000, in Cairo and Alexandria respectively. This improved condition of health is believed to be due, as already stated, principally to the fact that all the corps in the Command had been some little time in the country, and undergone some acclimatization.

With regard to sickness and mortality in the different arms of the service, and of separate corps in the Command during the past year, statistics as to the chief points will be found in Abstract XL.

Among the arms of the service, the Cavalry gave the highest admission rate, 1189·1 per 1,000, a decrease of 103·3 from the corresponding rate in the previous year. The ratio next in order was that of the infantry, 1104·7, which shows a decrease of as much as 323·5 from the corresponding rate in 1893. This was followed by 867·7 in the artillery, 490·0 in the staff and departments, and 425·7 in the engineers, all of which are considerably lower than similar ratios in the previous year.

The highest rate of mortality was 12·90 per 1,000 in the artillery, due to four deaths, this ratio is, however, lower than in the previous year by 1·91. The death-rate in the cavalry, 12·07 is more than twice that in 1893, and was dependent on six deaths. The infantry death rate 7·96 per 1,000, shows a decline of 6·00. The lowest rate was 6·66 in the staff and departments, which gave the highest in the preceding year. The greatest amount of inefficiency through sickness, was, as in the previous year, in the infantry, and equalled 83·11 per 1,000, but this rate shows a decline of 5·56. The cavalry came next with 73·32, and then the artillery with 67·64, which differ only very slightly from the previous year's rates. Taking individual corps, the highest annual admission rate amounted to 2865·4 in the 2nd Dragoon Guards, who were only two months in the Command; this regiment on arrival from India suffered severely from ague, and the very numerous admissions on this account were the cause of this high ratio.

The second ratio, 1254·5 per 1,000, was in the 1st Battalion, East Yorkshire Regiment, quartered at Alexandria, and the third, 1152·4, in the 2nd Battalion, South Lancashire Regiment, stationed at Abbassiyeh. Of corps with average annual strength over 100, the engineers, Medical Staff Corps, and 7th Dragoon Guards, show the lowest ratios. The highest mortality rate was 19·23 per 1,000 in the 2nd Dragoon Guards, dependent on two deaths which occurred during the short residence of this regiment in the Command. The next death rate was 16·76 in the 32nd Field Battery, Royal Artillery, which also had a comparatively high death rate in the previous year, the number of deaths in the year under report was only three; the 1st Battalion, South Wales Borderers, and the 2nd Battalion, South Staffordshire Regiment, gave low death rates, and the lowest, 6·76, was in the 1st Battalion, East Yorkshire Regiment. Of

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corps with average annual strength of over 100 men, the highest annual rate of constant inefficiency through sickness was 152·59 per 1,000, in the 2nd Dragoon Guards, due to the cause above mentioned, the next was 92·82, in the 1st Battalion, East Yorkshire Regiment. Among corps with low ratios of constantly sick may be mentioned the 7th Dragoon Guards, Royal Engineers, and the Mounted Infantry.

The table given below shows the statistics of sickness and mortality among the troops according to age :—

Ages.	Average Strength.	Ad-missions.	Deaths.	Inva-lids.	Ratios per 1,000.		
					Admis-sions.	Deaths.	Inva-liding.
Under 20 years - -	392	548	6	4	1398·0	15·31	10·20
From 20 to 25 years -	2,677	3,152	24	39	1239·5	8·96	14·56
„ 25 „ 30 „ -	1,501	1,275	8	22	849·4	5·33	14·66
„ 30 „ 35 „ -	394	157	3	2	398·5	7·61	5·08
„ 35 „ 40 „ -	211	49	2	1	232·2	9·48	4·74
Over 40 years - -	51	8	—	1	156·9	—	19·61
Total - -	5,226	5,489	43	69	1050·3	8·23	13·20

From the above it will be seen that the highest admission rate was among men under 20 years of age, and that the ratio among men between 20 and 25 years of age was very little lower. After this period, however, there is a considerable drop among men between 25 and 30 years, and a steady decline in the succeeding quinquennia of age. In the preceding year a very similar condition was observed, except that the ratio of sickness among men under 20 years of age was not so high as that among men between 20 and 25 years of age. Comparing the ratios according to age with the corresponding ones for the previous year, a decrease, to a more or less extent, is observed in all. Mortality it will be seen was also greatest among men under 20 years of age, the ratio being 15·31 per 1,000, in the period of age from 20 to 25 years the rate fell to not much more than half the preceding, and was still lower in the next quinquennia of age, after which it rose again until the period of 35 to 40 years. There is but little similarity in this sequence with that in the foregoing year, with the exception that the highest death-rate was at the earliest age. Comparing the ratios according to age in the two years one with another, those in the year under report all show a decline with the exception of that of men between 35 and 40 years of age, in which some increase is observed.

The next table has been calculated to show the influence of service in the Command on sickness and mortality among the troops :—

Length of Service in Command.	Average Strength.	Admis-sions.	Deaths.	Inva-lids.	Ratios per 1,000.		
					Admis-sions.	Deaths.	Inva-liding.
Under 1 year - -	2,176	2,192	14	17	1007·3	6·43	7·81
From 1 to 2 years -	2,467	2,892	26	48	1172·3	10·54	19·46
„ 2 „ 3 „ -	316	239	1	2	756·3	3·16	6·33
„ 3 „ 4 „ -	118	84	—		711·9	—	8·47
„ 4 „ 5 „ -	57	27	—	—	473·7	—	—
„ 5 „ 10 „ -	89	55	2	1	618·0	22·47	11·24
Over 10 years - -	3	—	—	—	—	—	—
Total - -	5,226	5,489	43	69	1050·3	8·22	13·20

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The above figures show a high ratio of sickness among men in their first year of service in the Command, but this is exceeded considerably by the rate among men in their second year, when it reached the highest; the rate among men in their third year drops to nearly half the last named, and after this there is a further decline to the rate among men of over five years' service in the country, which increases again somewhat. In the preceding year the admission rates followed a similar course, except that the highest rate was among men in their first year of service in the Command after which the decline continued through all the different periods of service.

Comparing the ratios of the year under report with the corresponding ones for 1893, it is observed that with the exception of that among men in their first year of service in the country, they all show some amount of increase. As to the ratios of mortality, that among men in their first year of service in the country was moderately high, but that among men in their second year increased a good deal; after this the rate fell considerably and there were no deaths of men in their fourth or fifth years' service, but two among a small average strength of men over five years' service in the country gave an apparently high rate. In the preceding year the highest death-rate was among men in their fourth year of service in the Command, and there was no similarity of sequence in the mortality rates of the two years.

The more important of the statistics relating to sickness, mortality, and invaliding among the troops arranged according to the various groups and orders of disease will be found in Abstract XXXVI.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.—Eruptive fevers* were represented by a single case of scarlet fever, which occurred in Cairo and terminated favourably.

Enteric Fever.—There were 111 admissions and 21 deaths, and 21·36 men were constantly sick on this account. The ratio of admissions was 21·2, and that of mortality 4·02 per 1,000. Comparing these with corresponding rates for the previous year an increase of ·7 is observed in the admission rate, but a decrease of 1·30 in the death-rate. The ratio of constantly sick for this disease was 4·09 per 1,000, which shows an increase of ·84. These ratios, however, when compared with similar results for the average of the preceding eight years, show a marked improvement, as the admission ratio has declined by as much as 18·7, the mortality rate by 6·68, and the constantly sick rate by 1·99. The per-centage of mortality to attack was 18·9, as compared with 26·0 in the previous year, and with 26·8 the average per-centage for the preceding eight years.

The subjoined table shows the relative sickness and mortality from enteric fever in the two stations, Cairo and Alexandria, during the past year:—

Stations.	Average Strength.	Admissions.	Deaths.	Ratio per 1,000.	
				Admissions.	Deaths.
Cairo - - - -	4,185	90	19	21·5	4·54
Alexandria - - -	1,041	21	2	20·2	1·92
Total - - -	5,226	111	21	21·2	4·02

It will be seen that the prevalence of the disease in the two places differed very little, but that Alexandria stood more favourably as regards mortality. Comparing these ratios with similar results for the previous year, it is found as regards Cairo that there was very little difference as far as prevalence is concerned, there being only an increase of ·3 in the admission rate, but as regards mortality the rate has decreased by ·95. In Alexandria the prevalence of enteric fever was greater, the admission rate having gone up by 3·3, but the death-rate fell by 2·59. With regard to Cairo the admissions were scattered over the various barracks, 34 cases with 8 deaths occurred in the Citadel, 13 and 3 deaths at Kasr el Nil 41 at Abbassiyeh, 8 fatal, and 2 at Taha Pasha married quarters. Of the cases in the Citadel, the majority came from the 2nd Battalion, South Staffordshire Regiment, and were scattered over the different barrack blocks, some happened in hospital, and among them some in the Medical Staff Corps, mostly men who had been in attendance on cases of the disease. At Kasr el Nil barracks the 13 cases came from 10 different rooms in various parts of the barracks. In the same manner at Abbassiyeh 23 of the cases were from 19 rooms in the main barracks, and 18 from 10 rooms in the gymnasium barracks. With regard to seasonal prevalence, May was the month in which most cases occurred, and November and December gave the next highest numbers. No month was quite free of the disease, but the lowest number of cases, 2, occurred in February. In the previous year the occurrence of the disease was different, the greatest prevalence and mortality being in the hot months, May to September, after which it declined; there was also very little in the early part of the year. With regard to age the majority of the cases were in men between 20 and 25 years, and two each in the next two quinquennia of age. With regard to service in Egypt, of the 90 cases which happened in Cairo, 34 men were under one year's service in the country, 46 in their second year, 3 in their third year, and 7 in their fourth year. It will be observed that though cases have occurred somewhat frequently among men who were not very young, yet the very great majority of the attacks were among recent arrivals in the country. As cases occur very thorough investigation is made in every instance. As to their probable origin; the barrack room, the locality, and surroundings examined; the man's habits and the places he frequents all inquired into; and any defects which may appear likely in any way to originate or assist in spreading disease attended to. But, as it has been shown, the disease is so scattered, that there is a very great difficulty in discovering and carrying into effect remedial measures. At Alexandria also, the cases occurred throughout the year, though the majority were admitted in the autumn. The medical officer in charge states, that beyond general climatic causes nothing can be assigned for the incidence of the disease. Exhaustive investigation was made in each case, without definite result. Of the cases at Alexandria, all but four were under 25 years of age, and nearly all were recent arrivals in the country. It is said that at Alexandria the disease, speaking generally, was of a mild type, as evidenced by the low mortality, and also it is stated that, in Cairo, the disease did not appear to be, as a rule, of so severe a type as it had been in the preceding year.

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Other Continued Fevers caused 528 admissions, comprising 527 of simple continued fever and 1 of typhus fever, equal to a ratio of 101·1 per 1,000, differing from that in the previous year by only 1·8, though below the average rate for the preceding eight years by 37·0.

The constantly sick rate from these fevers, 4·19 per 1,000, was identical with that in 1893, but below the average rate by ·94. Of the cases of simple continued fever 438 cases occurred in Cairo, or 104·6 per 1,000, a decline of 5·6. Great care was taken to prevent any mild cases of enteric fever being returned under this head. The cases were generally mild, and the fever in the larger majority of the cases did not last more than from twenty-four to forty-eight hours. In Alexandria 89 admissions were recorded, equal to 85·5 per 1,000, an increase of 18·9.

Dysentery.—54 admissions are recorded, and 3 deaths. The admission ratio, therefore, was 10·3, and the death rate ·57 per 1,000.

The rate of prevalence was below that in the previous year by 7·4, and less than one-fourth that of the average of the previous eight years. In Cairo there were 33 admissions and 2 deaths, the remainder occurring in Alexandria. The cases were generally of a mild type. The remaining admissions in the first sub-group were 20 for *influenza,* of which all but two occurred at Alexandria. It is remarked that the disease was of a mild character. In the previous year no instance of this disease was returned.

Malarial Fevers.—There were 224 admissions, being in the rate of 42·9 per 1,000, an increase of 12·9 on the last year's ratio, and above the average by 26·8. All the admissions were for ague, of which only 18 occurred in Alexandria, the remainder, 206, or 49·2 per 1,000, occurring in Cairo. The case happened exclusively among men who had arrived from India, the great majority in the 2nd Dragoon Guards, the admissions being numerous shortly after their arrival in the country.

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Septic Diseases.—Three admissions are returned, all at Cairo; of these, two were cases of erysipelas and one of septicæmia.

Venereal Diseases.—The admissions for *primary syphilis* numbered 223, equal to a ratio of 42·7 per 1,000, which, however, is less by 13·9, than the corresponding rate in the previous year, and than the average rate for eight years by 21·5. Including simple venereal ulcer, which caused 815 admissions, and on which account 67·71 men were constantly sick; the admission rate for primary venereal sores was 198·6 per 1,000, below the last year's rate by 11·2, but above the average rate by 54·7. *Secondary syphilis* caused 340 admissions, equal to a ratio of 65·0 per 1,000, an increase of 19·3 on the similar rate for the previous year, and nearly double the octennial average rate. *Gonorrhœa* caused 562 admissions, being at the rate of 107·5 per 1,000, which is below the last year's rate by 45·3, but almost identical with the average rate of the previous eight years. Taking all forms of venereal disease together, the admission rate amounted to 371·1 per 1,000, which is lower than the corresponding rate in the preceding year by 37·2, though above the average rate by 85·7. The amount of constant inefficiency from these diseases was equal to 31·86 per 1,000, fractionally above the similar rate in 1893, and above the average by 10·86. It will be observed from the above that while simple venereal ulcer has remained about the same in frequency; gonorrhœa has been a good deal less prevalent, and primary syphilis slightly so, but there has been a marked increase in constitutional disease.

Parasitic Diseases.—17 admissions are recorded, all at Cairo, and all cases of tænia solium.

Alcoholism was the cause of 8 admissions, as compared with 15 in the preceding year. Among them was one case returned as delirium tremens. For *debility* 94 admissions are returned, chiefly the result of febrile affections. The ratio, 18·0 per 1,000, differs but little from that in the previous year, but is a good deal below the average.

Rheumatism caused 114 admissions, of which 14 were cases of rheumatic fever, with fatal result in one instance. The ratio of admission, 22·0 per 1,000, is less than in the previous year by 19·8, and below the average by 4·8. Rather more than a third of the admissions occurred at Alexandria, and all the rheumatic fever cases but one at Cairo.

Tubercular Diseases.—12 admissions and 3 deaths are returned, as against 11 admissions and 3 deaths in the previous year. All the cases were of lung disease, and all occurred at Cairo.

Other general diseases comprised 61 cases in all, principally cases of non-malignant new growth, and there was one case of carcinoma, which proved fatal.

LOCAL DISEASES.—*Diseases of the Nervous System* were the cause of 62 admissions, equal to a ratio of 11·8 per 1,000, which is lower than the corresponding rate in the previous year by 9·0, but fractionally above the average rate for the preceding eight years. The principal diseases causing admission were neuralgia 22 cases, vertigo 16, and mental disease 8 cases. There were 4 deaths, one from meningitis, myelitis, apoplexy, and hemiplegia respectively.

Diseases of the Eye caused 124 admissions, or at the rate of 23·7 per 1,000, a very marked reduction from the corresponding rate in the previous year, and less than half the average rate. All but 14 of the admissions occurred at Cairo, and were chiefly caused by conjunctivitis.

Diseases of other Organs of Special Senses gave an admission rate of 18·6 per 1,000, rather less than the corresponding rate in the previous year, though somewhat above the average rate. With the exception of 3 cases of epistaxis, all were due to aural disease, principally inflammation of the external meatus.

Diseases of the Circulatory System.—Under this head 16 admissions and one death are returned. The admission ratio, 3·1 per 1,000, is less than in 1893 by 1·4, and much below the average rate. The cases included 8 of affections of the veins, 4 of valvular disease of the heart, 2 of hypertrophy, 1 of palpitation, and 1, fatal, of syncope.

Diseases of the Respiratory System caused 200 admissions, equal to a ratio of 38·3 per 1,000, a decline of 50·0 from the corresponding rate in the previous year, and a little below the average rate for the preceding eight years. The principal causes of admission were bronchial affections 132 cases, pneumonia 28, and pleurisy 28; there was no death. This compares very favourably with the preceding year, when pneumonia alone caused 118 admissions and 12 deaths.

Diseases of the Digestive System were the cause of 642 admissions and 6 deaths, including that of an invalid. The ratio of admission was 122·9 per 1,000, lower by 66·1 than the similar ratio in the previous year, and by 34·4 than the average rate for eight years. The chief causes of admission were affections of the mouth and throat 201 cases, dyspepsia 146, diarrhœa 116, and hepatic affections 67, including 40 of jaundice. There were 5 deaths at Cairo, two from enteritis, and one from acute yellow atrophy, cirrhosis, and abscess of the liver respectively, the death of the invalid being also due to abscess of liver.

Diseases of the Lymphatic and Glandular System gave an admission ratio of 19·3 per 1,000, somewhat in excess of the last year's ratio, but about the average rate, and for *diseases of the urinary system* only six admissions are returned, two being cases of Bright's disease.

Diseases of the Generative System.—The admissions under this head numbered 902, but as many as 815 were cases of simple venereal ulcer; orchitis, balanitis, and varicocele accounted for the greater part of the remainder of the cases. The admission ratio, 172·6 per 1,000, is slightly less than in the previous year, but a good deal above the average rate.

Diseases of the Organs of Locomotion caused an admission rate of 8·2 per 1,000, almost the same as the octennial average rate, but lower by 2·0 than in the previous year. Synovitis was the most frequent cause of admission.

Diseases of the Connective Tissue.—The admission ratio was 24·1 per 1,000, rather below the average, but less than the last year's rate by 14·3.

For *Diseases of the Skin* 279 admissions are returned, equal to 53·4 per 1,000, a decline of 9·7 from the corresponding rate in the previous year, but a little below the average rate. Boils, ulcers, and eczema were the chief causes of illness.

Poisons gave only four admissions, all for poisoned wound. A fatal case occurred out of hospital, a man having descended into a large cesspit too soon after it had been opened was poisoned by noxious gases.

Injuries caused 496 admissions, equal to a ratio of 94·9 per 1,000, which is lower than the corresponding rate in the previous year by 14·9, but above the average rate of eight years by ·7. There were two admissions for general injury, cases of heatstroke, one of which proved fatal. A death occurred out of hospital from multiple injury, a man having fallen from a train between Cairo and Alexandria. Among local injuries sprains, wounds, and contusions caused the greater part of the admissions; there were among the remainder seven cases of dislocation, two of concussion of spinal cord, and 27 of fracture, including one of fracture of the skull, which proved fatal, the result of a fall from a horse.

Invaliding.—The number of men invalided home during the year was 69, equal to a ratio of 13·20 per 1,000 of the strength. This is lower than the corresponding rate in the previous year by ·99, and below the average invaliding rate for the past 10 years by 48·67. The last named rate, however, is greatly raised by the larger number of men invalided after active service in the early years of the decennium. The invaliding from the Cairo garrison was equal to 11·95 per 1,000, a decrease of 1·31 from the previous year's rate, and the invaliding from the Alexandria garrison equal to 18·23 per 1,000, a decrease of 3·20. Taking the invalding by arms of the service, the highest ratio was 16·12 per 1,000 in the Royal Artillery, followed by 15·43 in the Infantry; the ratios in the Staff Departments and in the Cavalry were very low, and there was no invaliding in the Engineers. Compared with the corresponding results in the previous years, invaliding has increased in the Artillery and Infantry, but decreased in the other arms of the service. Of individual corps the highest invaliding rate was 22·90 per 1,000 in the 10th Company, Eastern Division, Royal Artillery, followed by 20·27 in the 1st Battalion, East Yorkshire Regiment; the lowest ratio was 2·54, in the 7th Dragoon Guards, the next above being 9·17 in the Medical Staff Corps.

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Taking the ages of the men invalided it will be observed from a table given previously that the ratio of men invalided under 20 years of age was 10·26 per 1,000; this increased among the men between 20 to 25 years, and 25 to 30 years to 14·56 and 14·66 respectively, after which it fell considerably in the remaining quinquennia of age until the ratio among men over 40 years, which is high on account of the invaliding of a man in a small average strength.

In the preceding year the invaliding was greatest among men between 20 and 25 years of age, and the rate was higher than in the year under report, but the rates of invaliding of men under 20 years and between 25 and 30 years of age were lower.

With regard to length of service in the Command, the highest invaliding rate was 19·46 per 1,000 among men in their second year, the ratios among men in their first, third, and fourth years being 7·81, 6·33, and 8·27 per 1,000 respectively. There was no invaliding among men in their fifth year of service, and only one man of over five years' service in the Command. In the preceding year the invaliding was spread more evenly over the different periods of service in the Command, the highest being among men in their fourth year of service in the country; there is, therefore, very little similarity in the results of the two years. The principal causes of invaliding were diseases of the nervous system, 15 cases (including seven of mental disease), or 2·87 per 1,000, diseases of the organs of locomotion, 7 cases, or 1·34 per 1,000, diseases of the circulatory system, tubercular disease, and debility, 6 cases each or 1·15 per 1,000, venereal disease and injuries 5 cases each, or ·96 per 1,000.

The number of men finally discharged by invaliding was 48, equal to a ratio of 9·18, fractionally below the previous year's rate, but below that for the preceding 10 years by 14·60 per 1,000. The principal disabilities necessitating discharge were nervons disorders, 14 cases or 2·68 per 1,000 (including 1·34 for mental diseases), diseases of the circulatory system, 5, or 1·15 per 1,000, tubercular diseases, diseases of the organs of locomotion, and injuries, each 4 cases, or ·77 per 1,000, &c.

Officers.—The average strength of officers was 161, and there were 127 cases of illness, being in the ratio of 788·8 per 1,000, which compares favourably with the corresponding rate in the preceding year, a decrease of 241·0. Among the cases treated were 8 of enteric fever, 30 of simple continued fever, 4 of dysentery, 8 of respiratory disease, 19 of diseases of the digestive system, and 26 of injury, including 3 cases of fracture and one of concussion of the brain. No death occurred, but five officers were invalided, four after enteric fever, and one for renal calculus; the ratio, 31·05 per 1,000, being lower than in 1893 by 4·66.

Women.—The average strength of women was 228, and there were 314 cases of illness (exclusive of 39 cases of parturition), and 3 deaths, being in the ratios of 1377·2 and 13·16 per 1,000 respectively, as compared with 2311·1 and 22·22 in the preceding year; a considerable improvement both as regards sickness and mortality has resulted. The principal causes of sickness were small-pox 1 case, continued fevers 47 cases, including 3 of enteric fever, debility 24 cases, rheumatic affections 12, conjunctivitis 50, diseases of the respiratory system 30, diseases of the digestive system 62, and diseases of the generative system 30 cases. The deaths were two from enteric fever and one from tubercle of the intestines. All occurred at Cairo.

Children.—The average strength of children was 393, and there were 799 cases of illness and 17 deaths. The ratio of prevalence of sickness was therefore 2033·1 and that of mortality 43·26 per 1,000, which are below the corresponding ratios in the previous year by 690·2 and 47·15 respectively. The principal causes of sickness were continued fevers 95 cases, including 14 of enteric fever, debility 40 cases, conjunctivitis 332, bronchial affections 85, teething 29, and diarrhœa 65 cases. Eruptive fevers were represented by one case each of small-pox, cow-pox, and measles. The deaths were 4 from debility, 3 from convulsions, 3 from simple continued fever, 2 from tubercular diseases; and dysentery, laryngitis, teething, enteritis, and inflammation of connective tissue one case respectively.

SANITARY CONDITIONS.—The Principal Medical Officer, Surgeon-Colonel W. Nash, M.D., reports that the general health of the troops during the past year may be considered as satisfactory, and shows a marked improvement on that in the previous year both as regards sickness and mortality.

The general sanitary condition of the barracks, quarters, and hospitals in the Command was satisfactory, careful supervision being exercised in all parts in order to keep the various buildings in as good a state as circumstances allowed. The accommodation was generally good, and the space sufficient. At Kasr-el-Nil barracks, Cairo, the rooms on the ground floor are not occupied as living rooms, as at high Nile the subsoil water rises very close to the surface of the ground. *Egypt.*

At Alexandria the barracks at Ras-el-Tin were kept in good order, but the approach to this situation is through a not very sanitary part of the town.

At Mustapha the hut accommodation, which was very good, was increased during the year by two huts, and four more were in contemplation. Some improvements have also been made in the married quarters.

The station hospital at the Citadel, Cairo, was kept in a very satisfactory state, and the accommodation was sufficient for the sick, as was also the barrack accommodation for the Medical Staff Corps.

At Alexandria the hospital at Ras-el-Tin was also satisfactory, but during a portion of the year it was found necessary to supplement the accommodation. This hospital is some six miles from Mustapha, where the bulk of the troops are stationed; this is inconvenient, and possibly in some cases detrimental to the sick. It is proposed as funds become available that a hut hospital be erected at Mustapha, which would be an improvement.

With regard to drainage several improvements were made in the Citadel during the year, and a scheme for relaying the whole system was under consideration. At Abbassiyeh also some improvements were effected.

There are gymnasia at the different barracks, and the training given appears beneficial to the men, as does also the new physical drill, which appears to be much appreciated.

The sanitary recommendations made by medical officers were numerous, mostly of a minor character, having reference chiefly to conservancy, cleanliness, purity of water supply, care of filters, &c., all of which received attention.

'roops on
loard Ship.

XV.—ON THE HEALTH OF THE TROOPS ON BOARD SHIP.

The troops embarked during the year, as shown by the returns received in the Medical Division, War Office, were :—

I.	Troops proceeding on service abroad	20,729
II.	Troops returning from abroad	13,715
III.	Troops proceeding from one station abroad to another	8,892
IV.	Invalids returning to England	2,253

I.—TROOPS PROCEEDING ON SERVICE ABROAD.

The total number of warrant officers, non-commissioned officers, and men embarked for service abroad during the year was 20,729, the equivalent annual strength being 1,368. There were 1,335 admissions and 1 death, being in the annual ratios of 975·9 and ·73 per 1,000 respectively. Compared with the corresponding ratios for the previous year there is an increase of 28·4 in the admission rate, and a decrease of 2·19 in the death rate, and as compared with decennial average rates a decrease of 138·9 and of 3·23 respectively.

The admissions and deaths in the different groups and orders of diseases are shown in Abstract XXXVII.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—One case of *enteric fever* occurred on board the S.S. "Bothnia," doubtless contracted before embarkation. *Other continued fevers* caused 17 admissions, or a ratio of 12·4 per 1,000, an increased ratio on the preceding year of 3·7, and there were 9 cases of *influenza*, and one case of *dysentery*. *Malarial fever* caused only two admissions, and there was but one for *septic diseases*, a case of erysipelas. *Venereal diseases*, as heretofore, were the chief causes of illness. *Primary syphilis* caused 206 admissions, or a ratio of 150·6 per 1,000, being an increase of 57·2 per 1,000 on the corresponding rate in the previous year. Including simple venereal ulcer, the ratio was 208·3, or 39·0 higher than that of 1893. *Secondary syphilis* caused 40 admissions, or a ratio of 29·2 per 1,000, being an increase of 3·0 on the preceding year's rate. There were 396 admissions for *gonorrhœa*, giving a ratio of 289·5 per 1,000, or an increase on last year's admission rate of 18·2. Taking all forms of venereal disease, the total admission rate, 527·0 per 1,000, shows an increase on the previous year of 60·2.

Scurvy caused one admission on board H.M.S. "Malabar," in March. There was one admission for *alcoholism*, and there were 9 cases of *debility*.

Rheumatism was the cause of 22 admissions, giving a ratio of 16·1 per 1,000, which is 5·8 lower than the last year's rate. In this heading 6 cases of rheumatic fever and 1 of gout are included. *Tubercular diseases* accounted for 3 admissions, two being cases of lung affection, and there was one admission for scrofula, one for anæmia, and 14 for non-malignant new growth.

LOCAL DISEASES.—Under *diseases of the nervous system* only two admissions are recorded, both for neuralgia. *Diseases of the eye* gave 16 admissions, mostly for conjunctivitis. There was one admission for *aural affection*, but none for *diseases of the circulatory system*. *Diseases of the respiratory system* caused 61 admissions, giving a ratio of 44·6 per 1,000, lower than the last year's rate by 25·4. The cases comprised 33 of bronchitic affection, 22 of pneumonia, 3 of pleurisy, and one each of laryngitis, empyema, and hæmoptysis. *Diseases of the digestive system* caused 91 admissions, or a ratio of 66·5 per 1,000, being less than in the previous year by 27·6, the chief causes of sickness were throat affections. *Diseases of the lymphatic and glandular system* gave 20 admissions, being in an exactly similar ratio as in the last year, viz., 14·6 per 1,000. *Diseases of the generative system* were the cause of 131 admissions, equal to a ratio of 95·8 per 1,000, a decrease of 25·2 as compared with that for the previous year. *Diseases of the connective tissue* caused 44 admissions, being in the ratio of 32·1 per 1,000, or higher than that in previous year by 3·7. *Skin*

Troops on Board Ship.

diseases furnished 135 admissions, a ratio of 98·7 per 1,000, an increase of 26·5 on the preceding year. *Injuries* accounted for 106 admissions, 3 general, and the remainder local; the admission rate, 77·5 per 1,000 being higher than in the previous year by 14·0.

There was only one death, a case of peritonitis.

The number of *officers* embarked was 837, and there were 18 admissions. The number of *women* was 810; no death occurred. The *children* numbered 974, and there were 7 deaths, 2 each from diarrhœa and convulsions, and one from measles, debility, and bronchitis respectively.

II.—TROOPS RETURNING HOME FROM ABROAD.

The number of effective warrant officers, non-commissioned officers, and men who embarked for England was 13,715, the equivalent annual strength being 860. The number of admissions into hospital was 993, and there were 15 deaths. The annual admission ratio was, therefore, 1154·6, and the annual mortality rate 17·44 per 1,000, which are higher than the corresponding ratios in the previous year by 208·7 and 10·07, and than the similar average ratios for the preceding ten years by 63·5 and 6·23 respectively.

The admissions and deaths in the different groups and orders of diseases are shown in Abstract XXXVII.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—A case of *small-pox* occurred on board H.M.S. "Euphrates" the day after sailing from Bombay. It proved fatal on the fourth day. *Scarlet fever* caused one admission on board H.M.S. "Tamar" in October. *Enteric fever* caused 5 admissions, one on board H.M.S. "Himalaya" on the voyage from Hong Kong to Portsmouth, the patient being landed at Aden, where he died; two on board the S.S. "Bothnia," between Karachi and Portsmouth, of which one case was transferred at Malta, and proved fatal; one on board H.M.S. "Malabar" after leaving Egypt, where the man embarked, and one on the S.S. "Britannia," in a man who was embarked at Aden, where the disease was evidently contracted. *Simple continued fever* gave an admission rate of 16·3 per 1,000, being above the last year's rate by 1·6. *Dysentery* caused 11 admissions, being in the ratio of 12·8 per 1,000, or lower than in 1893 by 4·4. There were also 6 cases of *influenza*. *Malarial fevers* caused 74 admissions, the ratio of prevalence being 86·0 as compared with 63·9 in the previous year. There were three deaths, one each from ague, remittent fever, and malarial cachexia.

Venereal Diseases.—The admissions for *primary syphilis* were 194, in number, being in the ratio of 225·6 per 1,000, which is higher than that of the preceding year by 29·0. Including simple venereal ulcer, the admission ratio for primary venereal sores was 325·6, as compared with 253·1 in the previous year. *Secondary syphilis* caused 42 admissions, being in the ratio of 48·8 per 1,000, higher than the last year's rate by 2·1. *Gonorrhœa* gave 175 admissions, equal to 203·5 per 1,000, which shows a decrease of 28·7. Including all forms of venereal disease, the admission rate, 577·9 per 1,000, shows an increase of 45·9 on that for 1893.

Among the remaining orders of general diseases which caused admissions are, *alcoholism* 3 cases, including 2 of delirium tremens, one of which terminated fatally; *debility* 5, and *tubercular disease* 2 cases, including one of lung affection; also rheumatism (including 1 case of rheumatic fever), 14 cases, equal to a rate of 16·3 per 1,000, which is lower than that of last year by 10·7.

LOCAL DISEASES.—*Diseases of the Nervous System* caused 2 admissions, one for paralysis and the other for neuralgia; *ophthalmic* and *aural affections*, together, 11 admissions. There were two cases of *diseases of the circulatory system*, one each of syncope and angina pectoris; both died. *Respiratory diseases* were the cause of 156 admissions, 137 being for bronchitic affections, 15 for pneumonia, of which 4 proved fatal; 3 for pleurisy, and one for pneumonic phthisis. The admission rate, 181·4 per 1,000, is higher than the corresponding ratio in the previous year by 121·2. *Diseases of the digestive system* gave 42 admissions, the ratio per 1,000, 48·8, being lower than last year's rate *roops on oard Ship.*

by 4·0. Sore throat and hepatic affections were the chief causes of illness, and one death occurred from jaundice. *Diseases of the lymphatic and glandular system* furnished 30 admissions, or 34·9 per 1,000, an increase of 1·7 on the ratio for the preceding year. *Diseases of the generative system* gave 95 admissions, being in the ratio of 110·5 per 1,000, an increase of 39·2 on the last year's rate. The majority were cases of simple venereal ulcer. *Diseases of the connective tissue* caused 24 admissions, a slight increase on the previous year; one man died from abscess. *Diseases of the skin,* with 38 admissions, gave a ratio of 44·2 per 1,000, an increase of 23·3 on the rate for 1893.

Injuries.—There were 37 cases, the principal causes being wounds 17, concussion of brain 7, and contusion 5.

Officers.—639 embarked. There were 20 cases of sickness, and pneumonia and diarrhœa each caused one death.

Women.—628 embarked, and there was one death from pneumonia.

Children.—1,245 embarked, and there were 5 deaths—one each from bronchitis, diarrhœa, debility, anæmia, and teething.

III.—TROOPS PROCEEDING FROM ONE STATION ABROAD TO ANOTHER.

The number of warrant officers, non-commissioned officers, and men who embarked for transit between one station abroad and another was 8,892, the equivalent annual strength being 359. The number of admissions into hospital was 416 and there were 3 deaths, being in the annual ratios of 1158·7 and 8·35 per 1,000 respectively. Compared with corresponding ratios in the preceding year there is a decrease in the admission rate of 317·8 per 1,000, but an increase of mortality equal to 2·73; and in comparison with decennial average rates, the former is lower by 20·9, and the latter higher by 1·74 per 1,000.

The admissions in the different groups and orders of diseases are shown in Abstract XXXVII.

GENERAL DISEASES.—*Diseases dependent on Morbid Poisons.*—*Enteric fever* caused one admission, and *simple continued fever* 5; and there were 6 cases of *dysentery.*

Malarial fevers contributed 26 cases, the admission ratio 72·4 per 1,000, being lower than that of the last year by 126·5.

Venereal Diseases.—The admissions for *primary syphilis* were 47 in number, being in the ratio of 130·9 per 1,000, a decrease of 9·8 on that for 1893. Including simple venereal ulcer, the ratio was 286·9, an increase of 31·8 on the rate for the preceding year. *Secondary syphilis* caused 7 admissions, or a ratio of 19·5, being less than in the previous year by 4·9. *Gonorrhœa,* gave 209 admissions, being in the ratio of 431·8 per 1,000, or more than in 1893 by 97·8. Including all forms of venereal disease the total admission ratio was 738·2, an increase of 124·7.

There were 2 admissions for *delirium tremens,* one case proved fatal. There were 4 admissions for *debility. Rheumatism* caused 5 admissions, and there was one case of diabetes.

LOCAL DISEASES.—There was one admission for *epilepsy,* and two cases of *eye affections. Diseases of the respiratory system* gave 10 admissions, being in the ratio of 27·9 per 1,000, or less than last year's rate by 67·8. *Diseases of the digestive system* gave 18 admissions, sore throat and hepatitis being the chief causes. The admission ratio, 50·1 per 1,000, is less than in the preceding year by 30·6. *Diseases of the lymphatic and glandular system* gave 7 admissions. *Diseases of the generative system* contributed 66 cases, the admission ratio 183·8 being higher than in last year by 48·7, *diseases of the connective tissue* 9 cases, and of the *skin* 15.

Injuries.—25 are recorded, the ratio 69·6 per 1,000 being less than in the preceding year by 14·8. There were two deaths from drowning, the evidence in each case showing that the men committed suicide, but in neither was a motive apparent.

Officers.—224 embarked, and there was only one admission. *Women:* 245 embarked, and there were no deaths. *Children:* 387 embarked, and only one death occurred (laryngitis).

IV.—INVALIDS RETURNING TO ENGLAND.

Troops on Board Ship.

The number of invalids embarked for England was 2,261, the equivalent annual strength being 162·2. There were 25 deaths on the voyage home. The sickness and mortality amongst these invalids are accounted for in the statistical tables of the Commands from which they were invalided.

V.—SANITARY CONDITION OF SHIPS.

The sanitary condition of the different vessels and troopships, and the accommodation for the troops on the various voyages, were generally satisfactory.

ABSTRACT A.—Table showing the Average Strength, Admissions among the Troops stationed in England during the

Average Strength in Annual Returns, 71,355. † Average Strength, including Men detached, 72,704.	Admissions into Hospital.	Died			Invalids Discharged the Service.	Average Number constantly Sick.
Diseases.		With the Regiment.	Absent from Regiment.	Total.		
I.—GENERAL DISEASES.						
Group "A."						
Sub-Group I. Small-pox	9	—	—	—	—	·87
Other Eruptive Fevers	629	2	—	2	—	41·81
Enteric Fever	87	11	—	11	—	13·39
Other Continued Fevers	181	—	—	—	—	6·31
Yellow Fever	—	—	—	—	—	—
Cholera	—	—	—	—	—	—
Dysentery	33	—	—	—	1	2·79
Other Diseases	763	4	—	4	—	31·01
Total	1,702	17	—	17	1	96·18
Sub-Group II.—Malarial Fevers	429	1	—	1	5	16·95
Sub-Group III.—Septic Diseases	92	4	1	5	1	8·10
Sub-Group IV. Syphilis, Primary	3,727	—	—	—	1	388·11
" Secondary	2,811	4	—	4	70	321·70
Gonorrhœa	5,884	—	—	—	11	439·39
Total	12,422	4	—	4	82	1149·20
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—
Group "B."						
Sub-Group I.—Parasitic Diseases	35	—	—	—	—	1·28
Sub-Group II. Scurvy	4	—	—	—	—	·33
Alcoholism	105	3	—	3	—	3·99
Group "C."						
Debility, &c.	506	—	—	—	54	36·34
Group "D."						
Rheumatism	2,295	3	1	4	64	153·62
Tubercular Diseases	213	41	4	45	108	35·08
Other Diseases	366	5	2	7	31	28·49
II.—LOCAL DISEASES.						
Diseases of the—						
1. Nervous System Nervous Diseases	502	18	3	21	96	34·61
Mental "	68	1	—	1	60	12·45
2. Eye	798	—	—	—	59	45·00
3 & 4. Other Organs of Special Senses	626	1	—	1	94	43·33
5. Circulatory System	730	21	1	22	319	77·37
6. Respiratory "	3,100	42	7	49	40	166·17
7. Digestive "	6,722	16	2	18	72	225·03
8. Lymphatic and Glandular System	1,100	—	—	—	5	123·32
9. Urinary System	164	9	1	10	20	14·84
10. Generative "	2,644	—	—	—	26	201·88
11. Organs of Locomotion	641	—	—	—	110	48·13
12. Connective Tissue	1,627	—	—	—	5	71·59
13. Skin	4,803	—	—	—	18	191·01
III.—POISONS	10	5	1	6	—	·19
IV.—INJURIES.						
1. General	12	20	4	24	1	1·89
2. Local	6,580	15	—	15	54	270·98
3. In Action	—	—	—	—	—	—
No appreciable disease	249	—	—	—	—	8·15
Cause unknown (refers to deaths only)	—	—	—	—	—	—
General Total	48,545	226	27	253	1,325	3065·50

* The average ratios for 10 years will be given in future years. The average ratios for years 1886 to 1895 in

† Ratios of deaths and invalids calculated on this strength.

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK
Year 1894, with the Ratios per 1,000 of the Strength.

Ratio per 1,000.				* Average Ratio per 1,000 from 1886 to 1893.			
Admissions.	Deaths.	Invalids Discharged the Service.	Constantly Sick.	Admissions.	Deaths.	Invalids Discharged the Service.	Constantly Sick.
·1	—	—	·01	·1	—	—	·01
8·8	·02	—	·59	9·5	·06	—	·68
1·2	·15	—	·19	1·0	·20	—	·16
2·5	—	—	·09	4·3	·02	—	·17
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
·5	—	·01	·04	·9	·03	·04	·09
10·7	·06	—	·43	17·8	·04	—	·47
23·8	·23	·01	1·35	33·6	·35	·04	1·58
6·0	·01	·07	·24	7·4	·01	—	·26
1·3	·07	·01	·11	2·3	·10	—	·15
52·2	—	·01	5·44	74·0	—	·01	6·87
39·4	·06	·96	4·51	38·9	·05	·79	3·67
82·5	—	·15	6·16	96·7	—	·04	6·43
174·1	·06	1·13	16·11	209·6	·05	·84	16·97
—	—	—	—	—	—	—	—
·5	—	—	·02	·5	·01	—	·02
·1	—	—	—	·1	—	—	—
1·5	·04	—	·06	2·8	·04	·01	·09
7·1	—	·74	·51	7·5	·01	·64	·52
32·2	·06	·88	2·15	39·5	·06	·67	2·46
3·0	·62	1·49	·49	3·6	·99	1·83	·58
5·1	·10	·43	·40	5·3	·12	·43	·43
7·0	·29	1·32	·49	7·8	·35	1·19	·54
·9	·01	·83	·17	1·3	·01	·89	·23
11·2	—	·81	·63	11·9	—	·70	·72
8·8	·01	1·29	·61	8·0	·01	·72	·49
10·2	·30	4·39	1·08	10·0	·44	3·46	·97
43·4	·67	·55	2·33	69·4	1·47	·95	3·45
94·2	·25	·99	3·15	114·2	·39	·95	3·40
15·4	—	·07	1·73	18·1	·01	·10	1·91
2·3	·14	·27	·21	2·3	·17	·24	·20
37·1	—	·36	2·83	38·4	·01	·30	2·46
9·0	—	1·51	·67	7·2	·03	·93	·60
22·8	—	·07	1·00	23·0	·02	·09	1·08
67·3	—	·25	2·68	77·1	—	·20	2·77
·1	·03	—	—	·1	·04	—	·01
·2	·33	·01	·03	·2	·34	—	·01
92·2	·21	·74	3·80	97·8	·34	·80	4·09
—	—	—	—	—	—	—	—
3·5	—	—	·11	3·3	—	—	·10
—	—	—	—	—	—	—	—
680·3	3·48	18·22	42·96	802·3	5·37	16·28	46·09

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the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten
that for 1896, &c., &c.

ABSTRACT B.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS among the TROOPS stationed in SCOTLAND during the

Average Strength, in Annual Returns, 3,550. † Average Strength, including Men detached, 3,577.	Admissions into Hospital.	Died			Invalids discharged the Service.	Average Number constantly Sick.
Diseases.		With the Regiment.	Absent from Regiment.	Total.		
I.—GENERAL DISEASES.						
GROUP "A."						
Sub-Group I. Small-pox	1	—	—	—	—	·14
Other Eruptive Fevers	22	—	—	—	—	2·16
Enteric Fever	1	—	—	—	—	·18
Other Continued Fevers	14	—	—	—	—	·64
Yellow Fever	—	—	—	—	—	—
Cholera	—	—	—	—	—	—
Dysentery	4	—	—	—	—	·23
Other Diseases	7	—	—	—	—	·59
Total	49	—	—	—	—	3·94
Sub-Group II.—Malarial Fevers	13	—	—	—	—	·59
Sub-Group III.—Septic Diseases	6	1	—	1	—	·30
Sub-Group IV. Syphilis, Primary	142	—	—	—	—	12·31
" Secondary	97	—	—	—	7	7·06
Gonorrhœa	299	—	—	—	—	18·44
Total	538	—	—	—	7	37·81
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—
GROUP "B."						
Sub-Group I.—Parasitic Diseases	1	—	—	—	—	·01
Sub-Group II. Scurvy	—	—	—	—	—	—
Alcoholism	2	—	—	—	—	·06
GROUP "C."						
Debility, &c.	13	—	—	—	3	·06
GROUP "D."						
Rheumatism	88	—	—	—	4	5·91
Tubercular Diseases	15	6	1	7	6	1·58
Other Diseases	8	—	—	—	1	·34
II.—LOCAL DISEASES.						
Diseases of the—						
1. Nervous System, Nervous Diseases	21	4	1	5	2	1·09
Mental "	5	—	—	—	2	·49
2. Eye	24	—	—	—	4	1·63
3 & 4. Other Organs of Special Senses	15	—	—	—	2	·88
5. Circulatory System	24	—	—	—	4	1·44
6. Respiratory "	156	2	—	2	8	7·58
7. Digestive "	323	2	—	2	4	7·79
8. Lymphatic and Glandular System	28	—	—	—	—	1·86
9. Urinary System	15	—	—	—	5	1·09
10. Generative "	107	—	—	—	2	6·80
11. Organs of Locomotion	34	—	—	—	4	1·91
12. Connective Tissue	83	—	—	—	—	3·28
13. Skin	217	—	—	—	—	6·70
III.—POISONS	—	—	—	—	—	—
IV.—INJURIES.						
1. General	2	4	—	4	—	·17
2. Local	295	1	—	1	7	11·11
3. In Action	—	—	—	—	—	—
No appreciable disease	1	—	—	—	—	·03
Cause unknown (refers to deaths only)	—	—	—	—	—	—
General Total	2,083	20	2	22	65	105·05

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* The average ratios for 10 years will be given in future years. The average ratios years 1886 to 1895 in

† Ratios of deaths and invalids calculated on this strength.

into Hospital, Deaths, Numbers Invalided and Constantly Sick
Year 1894, with the Ratios per 1,000 of the Strength.

Ratio per 1,000.				*Average Ratio per 1,000 from 1886 to 1893.			
Admissions.	Deaths.	Invalids Discharged the Service.	Constantly Sick.	Admissions.	Deaths.	Invalids Discharged the Service.	Constantly Sick.
·3	—	—	·04	·1	—	—	·01
6·2	—	—	·61	4·6	—	—	·28
·3	—	—	·05	·8	·14	—	·12
3·9	—	—	·18	7·1	—	—	·16
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
1·1	—	—	·06	·2	—	·03	·01
2·0	—	—	·17	10·1	·10	—	·23
13·8	—	—	1·11	22·9	·24	·03	·81
3·7	—	—	·17	2·8	—	—	·06
1·7	·28	—	·08	2·9	·10	—	·14
40·0	—	—	3·47	31·1	—	—	2·40
27·3	—	1·96	1·99	30·9	·03	1·02	2·20
84·2	—	—	5·19	73·3	—	·10	3·66
151·5	—	1·96	10·65	135·3	·03	1·12	8·35
—	—	—	—	—	—	—	—
·3	—	—	—	·6	—	—	·01
—	—	—	—	·2	—	·03	·01
·6	—	—	·02	3·3	—	—	·08
3·7	—	·84	·19	5·2	—	1·22	·34
24·8	—	1·12	1·66	26·9	·07	1·29	1·54
4·2	1·96	1·68	·44	3·1	·81	1·35	·40
2·2	—	·28	·10	3·5	·20	·27	·17
5·9	1·40	·56	·31	6·6	·27	·98	·40
1·4	—	·56	·14	2·0	—	·88	·27
6·8	—	1·12	·45	9·8	—	·81	·48
4·2	—	·56	·25	5·6	·03	·75	·25
6·8	—	1·12	·40	9·5	·44	4·03	·75
43·9	·56	2·23	2·14	58·8	1·66	1·96	2·73
91·0	·56	1·12	2·19	94·4	·37	1·46	2·31
7·9	—	—	·52	9·2	·03	·07	·64
4·2	—	1·40	·31	2·4	·20	·27	·17
30·1	—	·56	1·92	38·2	·03	·34	1·98
9·6	—	1·12	·54	8·0	—	·88	·45
23·4	—	—	·92	27·2	·03	·14	·90
61·1	—	—	1·89	79·5	—	·17	2·59
—	—	—	—	·2	·14	·03	·01
·6	1·12	—	·05	·4	·47	·10	·04
83·1	·28	1·96	3·13	101·3	·44	·88	3·54
—	—	—	—	—	—	—	—
·3	—	—	·01	2·7	—	—	·05
—	—	—	—	—	—	—	—
586·8	6·15	18·17	29·59	662·5	5·59	19·06	29·48

for the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten
that for 1896, &c., &c.

ABSTRACT C.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS among the TROOPS stationed in RELAND during the

Average Strength in Annual Returns, 24,455.
† Average Strength, including Men detached, 25,560.

Diseases.	Admissions into Hospital.	Died: With the Regiment.	Died: Absent from Regiment.	Died: Total.	Invalids Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.						
GROUP "A."						
Sub-Group I. Small-pox	1	—	—	—	—	·06
Other Eruptive Fevers	128	1	—	1	—	10·81
Enteric Fever	36	9	1	10	—	6·43
Other Continued Fevers	60	—	—	—	—	2·57
Yellow Fever	—	—	—	—	—	—
Cholera	—	—	—	—	—	—
Dysentery	5	—	—	—	—	·49
Other Diseases	162	—	—	—	—	7·82
Total	392	10	1	11	—	28·18
Sub-Group II.—Malarial Fevers	52	—	—	—	—	1·97
Sub-Group III.—Septic Diseases	27	—	—	—	—	2·54
Sub-Group IV. Syphilis, Primary	868	—	—	—	—	86·51
„ Secondary	548	2	—	2	7	57·56
Gonorrhœa	1,675	—	—	—	1	119·79
Total	3,091	2	—	2	8	263·86
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—
GROUP "B."						
Sub-Group I.—Parasitic Diseases	6	—	—	—	—	·19
Sub-Group II. Scurvy	—	—	—	—	—	—
Alcoholism	26	—	—	—	—	1·46
GROUP "C."						
Debility, &c.	139	—	—	—	21	9·91
GROUP "D."						
Rheumatism	640	1	—	1	8	43·91
Tubercular Diseases	85	25	4	29	47	13·91
Other Diseases	84	1	—	1	8	6·47
II.—LOCAL DISEASES.						
Diseases of the—						
1. Nervous System, Nervous Diseases	128	5	—	5	24	8·65
Mental „	32	—	—	—	31	6·17
2. Eye	303	—	—	—	18	19·88
3 & 4. Other Organs of Special Senses	156	—	—	—	16	13·01
5. Circulatory System	229	10	—	10	69	22·54
6. Respiratory „	1,169	11	2	13	14	71·51
7. Digestive „	2,200	7	1	8	21	75·46
8. Lymphatic and Glandular System	324	—	—	—	7	38·95
9. Urinary System	64	2	—	2	7	5·19
10. Generative „	618	—	—	—	8	42·55
11. Organs of Locomotion	248	—	—	—	24	16·98
12. Connective Tissue	541	—	—	—	2	23·43
13. Skin	1,522	—	—	—	4	66·49
III.—POISONS	2	—	—	—	—	·05
IV.—INJURIES.						
1. General	1	8	—	8	—	·09
2. Local	2,414	12	—	12	10	108·68
3. In Action	—	—	—	—	—	—
No appreciable disease	47	—	—	—	—	2·06
Cause unknown (refers to deaths only)	—	—	—	—	—	—
General Total	14,540	94	8	102	347	894·09

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* The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1896 in

† Ratios of deaths and invalids calculated on this strength.

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK
Year 1894, with the Ratios per 1,000 of the Strength.

Ratio per 1,000.				*Average Ratio per 1,000 from 1886 to 1893.			
Admissions.	Deaths.	Invalids Discharged the Service.	Constantly Sick.	Admissions.	Deaths.	Invalids Discharged the Service.	Constantly Sick.
—	—	—	—	·1	—	—	—
5·2	·04	—	·44	4·2	·04	—	·26
1·5	·39	—	·28	2·4	·50	—	·39
2·5	—	—	·11	7·4	·01	—	·26
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
·2	—	—	·02	·3	·02	·04	·03
6·6	—	—	·32	12·5	·02	—	·31
16·0	·43	—	1·15	26·9	·59	·04	1·25
2·1	—	—	·08	2·8	·01	·01	·09
1·1	—	—	·10	1·8	·03	·01	·11
35·5	—	—	3·54	56·9	—	—	5·18
22·4	·08	·27	2·35	29·7	·06	·63	2·66
68·5	—	·04	4·90	89·0	—	·03	5·87
126·4	·08	·31	10·79	175·6	·06	·66	13·71
—	—	—	—	—	—	—	—
·2	—	—	·01	·4	—	—	·01
—	—	—	—	·2	·01	—	·01
1·1	—	—	·06	2·3	·02	—	·06
5·7	—	·82	·41	7·3	·01	·96	·51
26·2	·04	·31	1·80	32·5	·02	·52	2·00
3·5	1·14	1·84	·57	3·3	·85	1·50	·53
3·4	·04	·31	·26	5·1	·10	·29	·37
5·3	·19	·94	·35	6·8	·29	1·03	·45
1·3	—	1·22	·25	1·7	·01	1·12	·30
12·4	—	·70	·81	12·1	—	·58	·74
6·4	—	·63	·53	6·7	·01	·61	·39
9·4	·39	2·70	·92	8·4	·34	2·40	·76
47·8	·51	·55	2·93	61·9	1·15	·80	3·13
90·0	·31	·82	3·09	93·7	·28	·75	2·79
13·3	—	·27	1·59	15·9	—	·09	1·60
2·6	·08	·27	·21	2·1	·14	·26	·18
25·3	—	·31	1·74	35·9	·01	·22	2·06
10·1	—	·94	·70	7·9	·03	·69	·61
22·1	—	·08	·96	23·1	—	·06	1·03
62·2	—	·16	2·72	71·9	—	·21	2·76
·1	—	—	—	·1	·03	·01	·01
—	·31	—	—	·1	·45	·01	·01
98·7	·47	·39	4·45	100·8	·32	·61	4·01
—	—	—	—	—	—	—	—
1·9	—	—	·08	2·4	—	—	·08
—	—	—	—	—	—	—	—
594·6	3·99	13·57	36·56	709·7	4·76	13·49	39·56

the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT II.—TABLE showing the AVERAGE STRENGTH, SICKNESS, UNITED KINGDOM in 1894, with

Average Strength. Diseases.	Officers, 4,056.			
	Attacks of Illness.	Deaths.	Ratio per 1,000.	
			Attacks.	Deaths.
I.—GENERAL DISEASES.				
GROUP "A."				
Sub-Group I. Small-pox	—	—	—	—
Other Eruptive Fevers	8	—	2·0	—
Enteric Fever	17	2	4·2	·49
Other Continued Fevers	37	—	9·1	—
Yellow Fever	—	—	—	—
Cholera	—	—	—	—
Dysentery	6	1	1·5	·25
Other Diseases	99	—	24·4	—
Total	167	3	41·2	·74
Sub-Group II.—Malarial Fevers	38	—	9·4	—
Sub-Group III.—Septic Diseases	3	—	·7	—
Sub-Group IV. Syphilis, Primary	4	—	1·0	—
" Secondary	2	—	·5	—
Gonorrhœa	14	—	3·4	—
Total	20	—	4·9	—
Sub-Group V.—Hydrophobia, &c.	—	—	—	—
GROUP "B."				
Sub-Group I.—Parasitic Diseases	—	—	—	—
Sub-Group II. Scurvy	—	—	—	—
Alcoholism	—	—	—	—
GROUP "C."				
Debility, &c.	15	—	3·7	—
GROUP "D."				
Rheumatism	76	—	18·7	—
Tubercular Diseases	4	2	1·0	·49
Other Diseases	5	2	1·2	·49
II.—LOCAL DISEASES.				
Diseases of the—				
1. Nervous System { Nervous Diseases	27	1	6·7	·25
Mental "	1	—	·2	—
2. Eye	21	—	5·2	—
3 & 4. Other Organs of Special Senses	5	—	1·2	—
5. Circulatory System	9	3	2·2	·74
6. Respiratory "	178	3	43·9	·74
7. Digestive "	188	4	46·4	·99
8. Lymphatic and Glandular System	12	—	3·0	—
9. Urinary System	17	—	4·2	—
10. Generative "	24	—	5·9	—
11. Organs of Locomotion	41	—	10·1	—
12. Connective Tissue	43	—	10·6	—
13. Skin	42	—	10·4	—
III.—POISONS	—	—	—	—
IV.—INJURIES.				
1. General	2	—	·5	—
2. Local	258	4	63·6	·99
3. In Action	—	—	—	—
No appreciable disease	1	—	·2	—
Cause unknown (refers to deaths only)	—	—	—	—
General Total	1,107	22	285·1	5·42

and MORTALITY among the OFFICERS, WOMEN, and CHILDREN in the the Ratios per 1,000 of the Strength.

Women, 10,761.				Children, 21,152.			
Attacks of Illness.	Deaths.	Ratio per 1,000.		Attacks of Illness.	Deaths.	Ratio per 1,000.	
		Attacks.	Deaths.			Attacks.	Deaths.
3	—	·3	—	—	—	—	—
27	—	2·5	—	1,750	29	82·7	1·37
5	—	·4	—	11	—	·5	—
29	1	2·7	·09	112	—	5·3	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
4	—	·4	—	12	—	·5	—
160	1	15·7	·09	907	30	42·9	1·42
237	2	22·0	·19	2,792	59	131·9	2·79
55	—	5·1	—	51	—	2·4	—
20	5	1·9	·47	14	1	·7	·05
—	—	—	—	—	—	—	—
19	1	1·8	·09	39	4	1·8	·19
—	—	—	—	1	—	·1	—
19	1	1·8	·09	40	4	1·9	·19
—	—	—	—	—	—	—	—
4	—	·4	—	69	1	3·3	·05
1	—	·1	—	—	—	—	—
3	—	·3	—	—	—	—	—
761	2	70·7	·19	513	68	24·3	3·21
184	—	17·1	—	44	—	2·1	—
43	15	4·0	1·39	41	13	1·9	·61
105	2	9·8	·19	105	7	5·0	·33
191	1	17·8	·09	216	60	10·2	2·84
10	—	·9	—	—	—	—	—
30	—	2·8	—	222	—	10·5	—
17	—	1·6	—	77	—	3·6	—
75	4	7·0	·37	16	4	·8	·19
580	6	53·9	·56	3,281	124	155·1	5·86
816	5	75·8	·46	1,862	30	88·0	1·42
18	—	1·7	—	62	—	2·9	—
25	4	2·3	·37	14	2	·7	·09
485	4	45·1	·37	26	—	1·2	—
16	—	1·5	—	20	1	·9	·05
82	—	7·6	—	161	3	7·6	·14
129	—	12·0	—	762	1	36·0	·05
1	—	·1	—	2	—	·1	—
—	—	—	—	1	3	·1	·14
88	—	8·2	—	487	2	23·0	·09
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
3,995	51	371·5	4·74	10,878	383	514·2	18·10

ABSTRACT No. II.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS
the TROOPS stationed at GIBRALTAR during the Year 1894, with the Ratios

Average Strength, 4,704.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
Diseases.		In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	1	—	—	—	—	—	·11
Other Eruptive Fevers	2	—	—	—	—	—	·21
Enteric Fever	26	6	—	6	—	—	5·31
Other Continued Fevers	112	—	—	—	1	1	11·23
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	2	—	—	—	—	—	·17
Other Diseases	25	—	—	—	—	—	·84
Total	168	6	—	6	1	1	17·87
Sub-Group II.—Malarial Fevers	3	—	—	—	—	—	·04
Sub-Group III.—Septic Diseases	3	—	—	—	—	—	·16
Sub-Group IV. Syphilis, Primary	38	—	—	—	—	—	5·84
„ Secondary	98	—	—	—	—	—	11·75
Gonorrhœa	722	—	—	—	—	—	63·95
Total	858	—	—	—	—	—	81·54
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	2	—	—	—	—	—	·06
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism	29	—	—	—	—	—	1·35
GROUP "C."							
Debility, &c.	16	—	—	—	4	1	·84
GROUP "D."							
Rheumatism	123	—	—	—	1	—	8·08
Tubercular Diseases	9	2	1	3	7	6	1·51
Other Diseases	39	—	—	—	—	—	3·57
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System, Nervous Diseases	76	—	—	—	14	14	4·61
1. Nervous System, Mental „	11	—	1	1	9	2	2·63
2. Eye	46	—	—	—	4	3	3·35
3 & 4. Other Organs of Special Senses	58	—	—	—	1	5	3·07
5. Circulatory System	30	2	—	2	11	7	2·94
6. Respiratory „	119	—	—	—	1	2	6·50
7. Digestive „	549	1	—	1	5	2	15·26
8. Lymphatic and Glandular System	80	—	—	—	—	—	10·05
9. Urinary System	8	—	—	—	1	1	1·17
10. Generative „	673	—	—	—	—	—	66·10
11. Organs of Locomotion	40	—	—	—	4	4	2·54
12. Connective Tissue	114	—	—	—	—	—	6·14
13. Skin	256	—	—	—	—	—	12·01
III.—POISONS	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	1	—	1	—	—	—
2. Local	590	—	—	—	1	1	25·74
3. In Action	—	—	—	—	—	—	—
No appreciable disease	16	—	—	—	—	—	·44
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	3,916	12	2	14	64	49	277·57
† Average of 10 years, 1884–93	—	—	—	—	—	—	—

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† The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1896 in

into Hospital, Deaths, Numbers Invalided and Constantly Sick among per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
·2	—	—	—	·02	—	—	—	—	—
·4	—	—	—	·04	·6	—	—	—	·05
5·5	1·27	—	—	1·13	10·4	1·68	3·47	—	1·82
23·8	—	·21	·21	2·39	26·7	·05	3·21	·05	3·20
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
·4	—	—	—	·04	·4	·03	—	—	·03
5·3	—	—	—	·18	20·9	·03	—	—	·36
35·7	1·27	·21	·21	3·80	59·0	1·79	6·68	·05	5·46
·6	—	—	—	—	1·3	·03	·05	·05	·05
·6	—	—	—	·03	·6	·05	—	—	·03
8·1	—	—	—	1·24	32·6	—	—	·03	3·19
20·8	—	—	—	2·50	27·7	·13	·75	·21	2·47
153·5	—	—	—	13·59	116·6	—	·03	—	7·75
182·4	—	—	—	17·83	176·9	·13	·78	·24	13·41
—	—	—	—	—	—	—	—	—	—
·4	—	—	—	·01	·7	—	—	—	·02
—	—	—	—	—	—	—	—	—	—
6·2	—	—	—	·29	5·2	·03	·03	—	·16
3·4	—	·85	·21	·18	4·4	·03	1·34	1·02	·33
26·2	—	·21	—	1·72	30·7	—	1·23	·29	1·89
1·9	·64	1·49	1·27	·32	1·9	·37	1·52	1·04	·35
8·3	—	—	—	·76	3·8	·16	·43	·27	·33
16·2	—	2·97	2·97	·98	5·8	·21	·67	·70	·36
2·3	·21	1·91	·43	·56	·6	—	·64	·61	·16
9·8	—	·85	·64	·71	11·3	—	·64	·61	·84
12·3	—	·21	1·06	·65	7·8	—	·64	·46	·51
6·4	·43	2·34	1·49	·63	2·7	·35	·75	·75	·26
25·3	—	·21	·43	1·38	27·2	·45	·85	·43	1·53
116·7	·21	1·06	·43	3·24	79·5	·29	·40	·19	2·22
17·0	—	—	—	2·14	10·5	—	·11	·11	1·17
1·7	—	·21	·21	·25	1·5	·16	·24	·13	·13
143·1	—	—	—	14·05	93·1	·03	·03	·03	6·52
8·5	—	·85	·85	·54	5·0	·03	·56	·37	·43
24·3	—	—	—	1·31	18·0	—	·03	·05	·88
54·4	—	—	—	2·56	44·2	—	·03	·05	1·67
—	—	—	—	—	·1	·03	—	—	—
—	·21	—	—	—	·2	·21	·03	·03	·03
125·4	—	·21	·21	5·47	99·8	·43	·40	·35	4·16
—	—	—	—	—	—	—	—	—	—
3·4	—	—	—	·10	2·8	—	—	—	·08
—	—	—	—	—	—	—	—	—	—
832·5	2·97	13·60	10·42	59·01	694·6	4·78	18·11	7·83	42·98
755·8	5·01	21·61	8·64	45·61	—	—	—	—	—

the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. III.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS
the TROOPS stationed at MALTA during the Year 1894, with the Ratios

Average Strength, 7,911.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
Diseases.		In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	1	—	—	—	—	—	·08
Enteric Fever	42	12	—	12	7	—	12·74
Other Continued Fevers	834	4	—	4	20	4	64·02
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	24	1	—	1	1	—	2·81
Other Diseases	127	—	—	—	—	—	4·59
Total	1,028	17	—	17	28	4	84·24
Sub-Group II.—Malarial Fevers	273	1	—	1	3	—	17·74
Sub-Group III.—Septic Diseases	6	1	—	1	—	—	1·61
Sub-Group IV. Syphilis, Primary	140	—	—	—	—	—	16·06
" Secondary	108	—	—	—	1	—	14·66
Gonorrhœa	614	—	—	—	—	2	47·52
Total	862	—	—	—	1	2	78·24
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	6	—	—	—	—	—	·14
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism	36	—	—	—	—	—	1·63
GROUP "C."							
Debility, &c.	70	—	—	—	4	—	7·89
GROUP "D."							
Rheumatism	122	1	—	1	5	1	10·96
Tubercular Diseases	22	6	2	8	10	5	4·53
Other Diseases	46	1	—	1	—	—	3·18
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System: Nervous Diseases	26	—	—	—	1	2	1·33
Mental	7	—	—	—	10	11	2·70
2. Eye	61	—	—	—	2	1	4·76
3 & 4. Other Organs of Special Senses	79	—	—	—	1	—	4·74
5. Circulatory System	99	—	—	—	12	12	7·60
6. Respiratory	102	5	—	5	4	3	12·98
7. Digestive	390	3	—	3	3	1	23·63
8. Lymphatic and Glandular System	50	—	—	—	—	1	5·35
9. Urinary System	6	—	—	—	1	—	1·15
10. Generative	241	—	—	—	—	—	16·24
11. Organs of Locomotion	32	—	—	—	4	2	3·27
12. Connective Tissue	244	—	—	—	—	—	12·10
13. Skin	308	—	—	—	—	—	20·73
III.—POISONS	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	4	3	—	3	—	—	·33
2. Local	66	6	—	6	1	2	30·54
3. In Action	—	—	—	—	—	—	—
No appreciable disease	42	—	—	—	—	—	1·24
(Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	5,030	44	2	46	90	47	358·85
* Average of 10 years, 1884-93	—	—	—	—	—	—	—

* The average ratios for 10 years will be given in future years. The average ratios
1886 to 1895 in

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK among per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	·1	—	—	—	—
·1	—	—	—	·01	·3	—	—	—	·02
5·3	1·52	·88	—	1·61	6·9	2·42	·81	·02	1·24
105·4	·50	2·53	·50	8·09	114·4	1·11	4·58	·28	9·18
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	·02	—	—	—
3·0	·13	·13	—	·35	4·5	·23	·15	·06	·36
16·0	—	—	—	·58	4·5	·06	·02	—	·13
129·9	2·15	3·54	·50	10·64	130·7	3·84	5·56	·36	10·93
34·5	·13	·38	—	2·24	7·2	·17	·32	·06	·36
·7	·13	—	—	·20	·7	·06	—	—	·05
17·7	—	—	—	2·03	16·3	—	—	—	1·79
13·7	—	·13	—	1·85	14·4	·02	·44	·28	1·45
77·6	—	—	·25	6·01	64·5	—	·09	—	4·57
109·0	—	·13	·25	9·89	95·7	·02	·53	·28	7·81
—	—	—	—	—	—	—	—	—	—
1·0	—	—	—	·02	1·3	—	—	·02	·03
—	—	—	—	—	—	—	—	—	—
4·6	—	—	—	·21	2·8	·02	·02	—	·10
8·9	—	·50	—	1·00	11·0	—	1·08	1·06	1·04
15·4	·13	·63	·13	1·39	26·7	·09	·98	·47	1·97
2·3	1·01	1·26	·63	·57	2·6	·89	1·61	1·44	·40
5·8	·13	—	—	·40	3·5	·09	·15	·21	·23
3·0	—	·13	·25	·17	6·6	·21	·83	·91	·43
·9	—	1·26	1·39	·34	1·9	·06	1·63	1·70	·37
7·7	—	·25	·13	·60	10·3	—	·55	·40	·63
10·0	—	·13	—	·60	10·9	—	·83	·81	·67
3·7	—	1·52	1·52	·96	7·5	·24	1·70	1·55	·68
20·5	·63	·50	·38	1·64	22·1	·55	1·40	·61	1·72
74·6	·38	·38	·13	2·99	83·0	·57	·68	·34	2·86
6·3	—	—	·13	·68	6·4	—	·13	·07	·66
·7	—	·13	—	·15	2·2	·02	·70	·45	·22
30·5	—	—	—	2·05	42·5	·02	·42	·38	3·00
4·1	—	·50	·25	·41	6·0	·04	·40	·42	·48
30·8	—	—	—	1·53	26·9	·02	·08	·02	1·06
46·5	—	—	—	2·62	40·7	—	·21	·07	1·97
—	—	—	—	—	·2	·06	—	—	—
·5	·38	—	—	·04	·5	·58	·02	—	·04
81·8	·76	·13	·25	3·86	87·8	·24	·64	·47	3·94
—	—	—	—	—	—	—	—	—	—
5·3	—	—	—	·16	2·2	—	—	—	·10
—	—	—	—	—	—	—	—	—	—
639·5	5·81	11·38	5·94	45·36	639·9	7·70	20·47	12·10	41·73
675·8	8·42	21·69	12·56	43·97	—	—	—	—	—

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for the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. IIIa.—Table showing the Average Strength, Admissions
the Royal Malta Artillery stationed at Malta during the Year 1894,

Average Strength, 371.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	1	—	—	—	—	—	·02
Enteric Fever	—	—	—	—	—	—	—
Other Continued Fevers	28	—	—	—	—	—	1·94
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—
Other Diseases	5	—	—	—	—	—	·10
Total	34	—	—	—	—	—	2·06
Sub-Group II.—Malarial Fevers	—	—	—	—	—	—	—
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV. Syphilis, Primary	1	—	—	—	—	—	·14
" Secondary	4	—	—	—	—	—	·29
Gonorrhœa	11	—	—	—	—	—	·80
Total	16	—	—	—	—	—	1·23
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	—	—	—	—	—	—	—
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism	—	—	—	—	—	—	—
GROUP "C."							
Debility, &c.	6	—	—	—	—	—	·17
GROUP "D."							
Rheumatism	12	—	—	—	—	—	·43
Tubercular Diseases	1	—	—	—	—	—	·37
Other Diseases	1	—	—	—	—	—	·29
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System { Nervous Diseases	2	—	—	—	—	—	·02
Mental "	1	—	—	—	—	1	·09
2. Eye	9	—	—	—	—	—	·23
3 & 4. Other Organs of Special Senses	1	—	—	—	—	—	·02
5. Circulatory System	1	—	—	—	—	—	·07
6. Respiratory "	15	—	—	—	—	—	·31
7. Digestive "	39	—	—	—	—	1	·59
8. Lymphatic and Glandular System	—	—	—	—	—	—	—
9. Urinary System	—	—	—	—	—	—	—
10. Generative "	2	—	—	—	—	—	·05
11. Organs of Locomotion	2	—	—	—	—	1	·06
12. Connective Tissue	5	—	—	—	—	—	·21
13. Skin	30	—	—	—	—	—	1·19
III.—POISONS.	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	—	—	—	—	—	—
2. Local	30	—	—	—	—	—	·67
3. In Action	—	—	—	—	—	—	—
No appreciable disease	—	—	—	—	—	—	—
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	207	—	—	—	—	3	8·06
* Average of 10 years, 1884–93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios
1886 to 1895 in

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK among
with the Ratios per 1,000 of the Strength and the average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	—
2·7	—	—	—	·05	1·7	—	—	—	—
—	—	—	—	—	·3	·34	—	—	·06
75·5	—	—	—	5·23	60·3	—	—	—	—
—	—	—	—	—	—	—	—	—	2·18
—	—	—	—	—	·3	·34	—	—	—
—	—	—	—	—	—	—	—	—	—
13·4	—	—	—	·27	10·6	—	—	—	·24
91·6	—	—	—	5·55	73·3	·68	—	—	2·48
—	—	—	—	—	1·4	—	—	—	·03
—	—	—	—	—	1·0	—	—	—	·05
2·7	—	—	—	·37	12·0	—	—	—	·92
10·8	—	—	—	·78	7·9	—	—	·34	·70
29·6	—	—	—	2·16	32·5	—	—	·34	2·70
43·1	—	—	—	3·31	52·4	—	—	·68	4·32
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	·7	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
16·2	—	—	—	·46	16·8	—	—	4·11	1·03
32·3	—	—	—	1·16	25·0	—	—	·34	·89
2·7	—	—	—	1·00	3·1	—	—	1·71	·44
2·7	—	—	—	·78	4·8	—	—	·34	·26
5·4	—	—	—	·05	4·4	—	—	·34	·13
2·7	—	—	2·69	·24	·7	—	—	·68	·12
24·3	—	—	—	·62	22·3	—	—	·68	1·08
2·7	—	—	—	·05	7·5	—	—	·68	·22
2·7	—	—	—	·19	4·4	·34	—	1·37	·40
40·4	—	—	—	·84	69·9	·34	—	·68	3·07
105·1	—	—	2·69	1·59	82·2	—	—	·68	1·70
—	—	—	—	—	3·1	—	—	·34	·11
—	—	—	—	—	2·1	—	—	·34	·13
5·4	—	—	—	·13	6·8	—	—	—	·20
5·4	—	—	2·69	·16	5·5	—	—	2·06	·32
13·5	—	—	—	·57	13·7	—	—	—	·38
80·9	—	—	—	3·21	68·8	—	—	—	2·18
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
80·9	—	—	—	1·81	134·6	·68	—	·66	3·94
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	·3	—	—	—	·01
—	—	—	—	—	—	—	—	—	—
558·0	—	—	8·09	21·72	604·8	2·05	—	15·75	23·49
631·2	1·93	—	14·92	23·67	—	—	—	—	—

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for the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. IV.—Table showing the Average Strength, Admissions
the Troops stationed at Cyprus during the Year 1894, with the Ratios

Average Strength, 579.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
Group "A."							
Sub-Group I.							
Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	—	—	—	—	—	—	·03
Enteric Fever	—	—	—	—	—	—	—
Other Continued Fevers	34	—	—	—	—	—	1·27
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—	—
Total	34	—	—	—	—	—	1·30
Sub-Group II.—Malarial Fevers	1	—	—	—	—	—	·02
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV.							
Syphilis, Primary	1	—	—	—	—	—	·12
„ Secondary	11	—	—	—	—	1	·51
Gonorrhœa	67	—	—	—	1	—	5·74
Total	79	—	—	—	1	1	6·37
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
Group "B."							
Sub-Group I.—Parasitic Diseases	—	—	—	—	—	—	—
Sub-Group II.							
Scurvy	—	—	—	—	—	—	—
Alcoholism	1	—	—	—	—	—	·02
Group "C."							
Debility, &c.	8	—	—	—	4	3	·71
Group "D."							
Rheumatism	10	—	—	—	—	—	·92
Tubercular Diseases	1	—	—	—	—	—	·12
Other Diseases	3	—	—	—	—	—	·10
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System: Nervous Diseases	3	1	—	1	—	1	·10
1. Nervous System: Mental „	2	—	—	—	2	2	·35
2. Eye	3	—	—	—	—	2	·16
3 & 4. Other Organs of Special Senses	6	—	—	—	1	—	·69
5. Circulatory System	1	1	—	1	—	2	·05
6. Respiratory „	8	—	—		1	—	1·15
7. Digestive „	36	—	—	—	—	—	1·43
8. Lymphatic and Glandular System	17	—	—	—	—	—	2·46
9. Urinary System	2	—	—	—	—	—	·17
10. Generative „	18	—	—	—	—	—	1·51
11. Organs of Locomotion	1	—	—	—	—	—	·01
12. Connective Tissue	12	—	—	—	—	—	·61
13. Skin	13	—	—	—	—	—	·61
III.—POISONS.	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	—	—	—	—	—	—
2. Local	58	—	—	—	1	—	2·78
3. In Action	—	—	—	—	—	—	—
No appreciable disease	—	—	—	—	—	—	—
Cause unknown (refers to deaths only	—	—	—	—	—	—	—
General Total	317	2	—	2	10	11	21·64
* Average of 10 years, 1884-93	—	—	—	—	—	—	—

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† The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1895 in

into Hospital, Deaths, Numbers Invalided and Constantly Sick among per 1,000 of the Strength and the average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	·05	·6	—	—	—	·05
—	—	—	—	—	5·1	1·65	·82	—	·91
58·7	—	—	—	2·19	69·9	—	·41	·21	2·71
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	11·3	·21	—	—	·64
—	—	—	—	—	7·4	—	—	—	·19
58·7	—	—	—	2·24	94·4	1·86	1·24	·21	4·50
1·7	—	—	—	·03	54·9	·21	·41	—	1·54
—	—	—	—	—	1·6	—	—	—	·07
1·7	—	—	—	·21	75·3	—	—	—	6·63
19·0	—	—	1·73	·88	38·8	—	1·65	·21	3·41
115·7	—	1·73	—	9·91	101·6	—	—	—	6·37
136·5	—	1·73	1·73	11·00	215·7	—	1·65	·21	16·41
—	—	—	—	--	—	—	—	—	—
—	—	—	—	—	1·0	—	—	—	·01
—	—	—	—	—	·6	—	—	—	·04
1·7	—	—	—	·03	2·7	·21	—	—	·17
13·8	—	6·91	5·18	1·23	21·0	—	6·39	·41	1·41
17·3	—	—	—	1·59	21·9	—	·41	·21	1·15
1·7	—	—	—	·21	·8	·21	·82	1·03	·17
5·2	—	—	—	·17	2·3	—	—	·21	·15
5·2	1·73	—	1·73	·17	2·5	·21	1·24	·82	·19
3·4	—	3·45	3·45	·61	1·0	—	1·03	·62	·24
5·2	—	—	3·45	·28	11·8	—	·82	·41	·74
10·4	—	1·73	—	1·19	5·1	·21	·21	·41	·29
1·7	1·73	—	3·45	·09	4·1	·62	2·47	1·86	·35
13·8	—	1·73	—	1·99	13·2	·41	·41	·41	·73
62·2	—	—	--	2·47	81·9	·62	·41	·62	3·09
29·4	—	—	—	4·25	28·5	—	—	·21	3·05
3·4	—	—	—	·29	2·1	—	.41	·21	·17
31·1	—	—	—	2·61	54·2	—	—	·21	3·76
1·7	—	—	—	·02	7·0	—	·82	·62	·57
20·7	—	—	—	1·05	24·5	—	·21	—	1·24
22·5	—	—	—	1·05	39·8	—	—	—	1·58
—	—	—	—	—	·4	·21	—	—	·02
—	—	—	—	—	·4	—	—	—	·01
100·2	—	1·73	—	4·80	79·4	·21	·21	·21	3·24
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1 2	—	—	--	·07
—	—	—	—	—	—	—	—	--	—
547·5	3·45	17·27	19·00	37·37	774·0	4·95	19·17	8·86	44·96
814·1	8·07	18·88	8·71	43·08	—	—	—	—	—

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the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. V.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS the TROOPS stationed in CANADA during the Year 1894, with the

Average Strength, 1,443.		Deaths.			Invalids.		
Diseases	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Sub-Group I. Other Eruptive Fevers	—	—	—	—	—	—	—
Sub-Group I. Enteric Fever	—	—	—	—	—	—	—
Sub-Group I. Other Continued Fevers	1	—	—	—	—	—	·05
Sub-Group I. Yellow Fever	—	—	—	—	—	—	—
Sub-Group I. Cholera	—	—	—	—	—	—	—
Sub-Group I. Dysentery	—	—	—	—	—	—	—
Sub-Group I. Other Diseases	8	—	—	—	—	—	·24
Total	9	—	—	—	—	—	·29
Sub-Group II.—Malarial Fevers	—	—	—	—	—	—	—
Sub-Group III.—Septic Diseases	3	1	—	1	—	—	·09
Sub-Group IV. Syphilis, Primary	47	—	—	—	—	—	3·42
Sub-Group IV. " Secondary	23	—	—	—	—	—	1·93
Sub-Group IV. Gonorrhœa	57	—	—	—	—	—	1·82
Total	127	—	—	—	—	—	7·17
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	—	—	—	—	—	—	—
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Sub-Group II. Alcoholism	4	—	—	—	—	—	·11
GROUP "C."							
Debility, &c.	—	—	—	—	—	—	—
GROUP "D."							
Rheumatism	27	—	—	—	—	—	1·36
Tubercular Diseases	3	1	2	3	3	1	·60
Other Diseases	4	—	—	—	—	—	·14
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System — Nervous Diseases	14	—	—	—	—	2	·65
1. Nervous System — Mental "	5	—	—	—	5	4	·92
2. Eye	5	—	—	—	1	1	·41
3 & 4. Other Organs of Special Senses	5	—	—	—	—	—	·09
5. Circulatory System	8	—	—	—	2	1	·75
6. Respiratory "	63	2	—	2	2	1	2·29
7. Digestive "	114	—	—	—	—	—	2·80
8. Lymphatic and Glandular System	24	—	—	—	—	—	2·45
9. Urinary System	3	—	—	—	2	1	·37
10. Generative "	29	—	—	—	—	—	1·15
11. Organs of Locomotion	11	—	—	—	1	3	·82
12. Connective Tissue	42	—	—	—	—	—	1·34
13. Skin	36	—	—	—	—	—	1·55
III.—POISONS	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	—	—	—	—	—	—
2. Local	126	—	—	—	—	—	5·15
3. In Action	—	—	—	—	—	—	—
No appreciable disease	2	—	—	—	—	—	·10
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	664	4	2	6	16	14	30·60
* Average of 10 years, 1884–93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1895 in

into **Hospital, Deaths, Numbers Invalided** and **Constantly Sick** among Ratios per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1·7	—	—	—	·09
—	—	—	—	—	1·6	—	·00	—	·32
·7	—	—	—	·03	2·8	·18	—	—	·13
—	—	—	—	—	·1	—	—	—	·01
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
5·5	—	—	—	·17	7·6	—	—	—	·25
6·2	—	—	—	·20	13·9	·18	·00	—	·81
—	—	—	—	—	1·4	—	—	—	·06
2·1	·69	—	—	·06	2·3	—	—	—	·12
32·6	—	—	—	2·37	26·7	—	—	—	1·89
15·9	—	—	—	1·34	21·8	—	·64	·55	1·88
39·5	—	—	—	1·26	60·4	—	—	—	3·12
88·0	—	—	—	4·97	108·9	—	·64	·55	6.89
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	·4	—	—	—	·01
—	—	—	—	—	—	—	—	—	—
2·8	—	—	—	·07	2·7	—	—	—	·08
—	—	—	—	—	2·6	—	1·10	·64	·18
18·7	—	—	—	·94	29·3	—	·55	·09	1·88
2·1	2·08	2·08	·69	·41	2·0	·73	1·28	1·37	·23
2·8	—	—	—	·10	3·7	—	·36	·64	·22
9·7	—	—	1·39	·45	9·6	·55	2·47	1·92	·74
3·5	—	3·46	2·77	·64	·5	·09	·46	·46	·11
3·5	—	·69	·69	·28	8·7	—	·55	·73	·37
3·5	—	—	—	·06	6·3	—	·55	·64	·47
5·5	—	1·39	·69	·52	10·0	·46	2·29	2·56	·94
43·6	1·39	1·39	·69	1·59	37·5	·64	1·28	1·37	2·25
79·0	—	—	—	1·94	71·9	·27	·27	·18	1·81
16·6	—	—	—	1·70	13·6	—	—	—	1·35
2·1	—	1·39	·69	·26	2·7	·18	·73	·36	·32
20·1	—	—	—	·80	25·9	—	·27	·18	1·22
7·6	—	·69	2·08	·57	8·9	—	·91	·64	·76
29 1	—	—	—	·93	19·9	—	·18	—	·87
24·9	—	—	—	1·07	34·7	—	·09	·27	1·30
—	—	—	—	—	·4	·18	—	—	—
—	—	—	—	—	·2	·46	—	—	·01
87·3	—	—	—	3·57	74·5	·36	·82	·64	3·25
—	—	—	—	—	—	—	—	—	—
1·4	—	—	—	·07	1·5	—	—	—	·07
—	—	—	—	—	—	—	—	—	—
460·1	4·16	11·09	9·70	21·20	404·0	4·11	14·90	13·26	26·33
541·6	4·68	16·55	15·29	29·69	—	—	—	—	—

the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. VI.—Table showing the Average Strength, Admissions the Troops stationed at Bermuda during the Year 1894, with the Ratios

Average Strength, 1,410.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
Diseases.		In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
Group "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	—	—	—	—	—	—	—
Enteric Fever	22	5	—	5	—	—	3·82
Other Continued Fevers	16	—	—	—	—	—	1·08
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	5	1	—	1	—	—	·21
Other Diseases	12	—	—	—	—	—	·25
Total	55	6	—	6	—	—	5·36
Sub-Group II.—Malarial Fevers	—	—	—	—	—	—	—
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV. Syphilis, Primary	17	—	—	—	—	—	1·57
„ Secondary	8	—	—	—	—	—	·83
Gonorrhœa	34	—	—	—	—	—	2·35
Total	59	—	—	—	—	—	4·75
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
Group "B."							
Sub-Group I.—Parasitic Diseases	2	—	—	—	—	—	·07
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism	11	—	—	—	—	—	·24
Group "C."							
Debility, &c.	6	—	—	—	—	—	·15
Group "D."							
Rheumatism	16	—	—	—	—	—	·76
Tubercular Diseases	—	—	—	—	—	—	—
Other Diseases	7	—	—	—	—	—	·20
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System Nervous Diseases	11	2	—	2	—	—	1·23
Mental „	1	—	—	—	1	1	·31
2. Eye	13	—	—	—	—	—	·59
3 & 4. Other Organs of Special Senses	18	—	—	—	—	—	·62
5. Circulatory System	3	—	—	—	3	4	1·36
6. Respiratory „	22	—	1	1	1	1	2·39
7. Digestive „	135	1	—	1	1	—	3·59
8. Lymphatic and Glandular System	14	—	—	—	—	—	1·81
9. Urinary System	3	1	—	1	—	—	·30
10. Generative „	23	—	—	—	—	—	1·49
11. Organs of Locomotion	2	—	—	—	1	—	·52
12. Connective Tissue	40	—	—	—	—	—	1·95
13. Skin	85	—	—	—	—	—	2·54
III.—POISONS	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	1	—	1	—	—	—
2. Local	149	—	—	—	—	—	5·60
3. In Action	—	—	—	—	—	—	—
No appreciable disease	3	—	—	—	—	—	·15
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	678	11	1	12	7	6	35·98
* Average of 10 years, 1884–93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1895 in

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK among per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
15·6	3·54	—	—	2·71	35·3	6·01	—	—	4·53
11·4	—	—	—	·76	24·4	—	—	—	1·10
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
3·5	·71	—	—	·15	1·2	·18	·09	·09	·09
8·5	—	—	—	·18	4·6	—	—	—	·09
39·0	4·25	—	—	3·80	65·5	6·19	·09	·09	5·81
—	—	—	—	—	·5	—	—	—	·01
—	—	—	—	—	·1	—	—	—	—
12·0	—	—	—	1·11	15·1	—	—	—	1·30
5·7	—	—	—	·59	19·1	—	·91	·64	1·63
24·1	—	—	—	1·67	19·4	—	—	—	1·31
41·8	—	—	—	3·37	53·5	—	·91	·64	4·24
—	—	—	—	—	—	—	—	—	—
1·4	—	—	—	·05	1·3	—	—	—	·03
—	—	—	—	—	—	—	—	—	—
7·8	—	—	—	·17	7·8	·09	—	—	·24
4·3	—	—	—	·11	11·1	—	1·37	·73	·70
11·4	—	—	—	·54	19·0	—	·64	·46	1·05
—	—	—	—	—	2·0	·73	1·28	1·15	·31
5·0	—	—	—	·14	4·4	—	·18	—	·36
7·8	1·42	—	—	·67	6·6	·46	·55	·27	·29
·7	—	·71	·71	·22	1·5	—	1·00	·91	·24
9·2	—	—	—	·42	12·8	—	·73	·64	·68
12·8	—	—	—	·44	9·0	—	·55	·82	·41
2·1	—	2·13	2·84	·96	10·2	·46	1·91	1·64	·81
15·6	·71	·71	·71	1·70	27·2	·55	1·46	1·09	1·51
95·7	·71	·71	—	2·55	103·6	·46	1·09	·73	3·01
9·9	—	—	—	1·28	12·2	—	·09	·18	1·14
2·1	·71	—	—	·21	1·9	·09	·09	—	·08
16·3	—	—	—	1·06	17·7	—	·09	·09	·89
1·4	—	·71	—	·37	10·0	·09	1·09	1·00	·82
28·4	—	—	—	1·38	27·9	—	·09	—	·94
60·3	—	—	—	1·80	53·5	—	·09	—	1·85
—	—	—	—	—	·3	·09	—	—	·03
—	·71	—	—	—	·9	·36	—	—	·09
105·7	—	—	—	3·97	109·5	·55	·91	·55	4·13
—	—	—	—	—	—	—	—	—	—
2·1	—	—	—	·11	3·2	—	—	—	·07
—	—	—	—	—	—	—	—	—	—
480·8	8·51	4·96	4·26	25·52	573·2	10·11	14·21	11·02	29·74
570·2	10·49	13·58	9·56	29·47	—	—	—	—	—

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the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. VII.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS the EUROPEAN TROOPS stationed in the WEST INDIES during the Year 1894

Average Strength, 1,337.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
Diseases.		In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	—	—	—	—	—	—	—
Enteric Fever	13	6	—	6	—	—	1·70
Other Continued Fevers	298	—	—	—	—	—	7·12
Yellow Fever	1	—	—	—	—	—	·08
Cholera	—	—	—	—	—	—	—
Dysentery	5	—	—	—	1	—	·45
Other Diseases	94	—	—	—	—	—	2·24
Total	411	6	—	6	1	—	11·59
Sub-Group II.—Malarial Fevers	51	—	—	—	—	—	1·50
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV. Syphilis, Primary	68	—	—	—	—	—	5·36
" Secondary	61	—	—	—	3	1	4·85
Gonorrhœa	195	—	—	—	—	—	13·52
Total	324	—	—	—	3	1	23·73
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	3	—	—	—	—	—	·11
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism	8	—	—	—	—	—	·17
GROUP "C."							
Debility, &c.	13	—	—	—	2	—	·85
GROUP "D."							
Rheumatism	24	—	—	—	—	—	1·05
Tubercular Diseases	7	—	—	—	6	4	1·46
Other Diseases	27	—	—	—	1	1	1·91
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System Nervous Diseases	18	1	—	1	2	1	2·17
Mental "	—	—	—	—	—	—	—
2. Eye	12	—	—	—	2	3	·83
3 & 4. Other Organs of Special Senses	27	—	—	—	3	2	1·45
5. Circulatory System	11	—	—	—	3	2	1·47
6. Respiratory "	28	—	—	—	—	—	1·71
7. Digestive "	100	—	—	—	1	1	2·84
8. Lymphatic and Glandular System	57	—	—	—	—	—	7·61
9. Urinary System	3	1	—	1	—	—	·40
10. Generative "	172	—	—	—	—	—	12·32
11. Organs of Locomotion	4	—	—	—	—	1	·51
12. Connective Tissue	32	—	—	—	—	—	1·67
13. Skin	83	—	—	—	—	—	2·47
III.—POISONS	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	—	—	—	—	—	—
2. Local	160	2	—	2	2	—	5·10
3. In Action	—	—	—	—	—	—	—
No appreciable disease	2	—	—	—	—	—	·03
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	1,597	10	—	10	26	16	82·95
* Average of 10 Years 1884-93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios for the 1886 to 1895 in

into **Hospital, Deaths, Numbers Invalided** and **Constantly Sick** among
with the Ratios per ,000 of the Strength, and the Average Ratios for 10 Years *

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	5·5	—	—	—	·16
9·7	4·49	—	—	1·27	10·7	2·56	·11	—	1·48
222·9	—	—	—	5·33	92·7	·22	—	—	3·28
·8	—	—	—	·06	1·2	·78	—	—	·04
—	—	—	—	—	—	—	—	—	—
3·7	—	·75	—	·34	7·0	·56	·22	—	·40
70·3	—	—	—	1·67	15·8	—	—	—	·41
307·4	4·49	·75	—	8·67	132·9	4·13	·33	—	5·77
38·2	—	—	—	1·12	43·4	1·12	·67	·11	1·97
—	—	—	—	—	·6	—	—	—	·03
50·9	—	—	—	4·01	39·8	—	—	—	3·44
45·6	—	2·24	·75	3·63	37·2	·22	2·01	·78	3·92
145·8	—	—	—	10·11	152·5	—	·22	—	11·20
242·3	—	2·24	·75	17·75	229·6	·22	2·23	·78	18·56
—	—	—	—	—	—	—	—	—	—
2·2	—	—	—	·08	1·3	—	—	—	·03
—	—	—	—	—	—	—	—	—	—
6·0	—	—	—	·13	8·2	—	—	—	·21
9·7	—	1·50	—	·64	15·3	—	2·12	1·12	1·01
18·0	—	—	—	·79	37·7	·11	1·12	·78	2·24
5·2	—	4·49	2·99	1·09	1·3	·22	1·00	·78	·26
20·2	—	·75	·75	1·43	7·4	·11	·22	·22	·56
13·5	·75	1·50	·75	1·62	13·8	·33	2·12	1·90	·95
—	—	—	—	—	·8	—	·67	·89	·15
9·0	—	1·50	2·24	·62	13·6	—	1·00	1·00	·82
20·2	—	2·24	1·50	1·08	22·2	—	·89	·67	·99
8·2	—	2·24	1·50	1·10	10·8	·56	2·12	2·01	·88
20·9	—	—	—	1·28	30·9	·78	·56	·67	1·57
74·8	—	·75	·75	2·12	107·7	·33	1·78	1·23	3·25
42·6	—	—	—	5·69	43·3	—	·45	·33	4·52
2·2	·75	—	—	·30	1·7	·22	·11	·11	·08
128·7	—	—	—	9·22	111·1	—	·22	·22	7·58
3·0	—	—	·75	·38	9·0	·11	1·34	·67	·70
38·9	—	—	—	1·25	39·9	—	—	·11	1·62
62·1	—	—	—	1·85	80·2	—	·45	·11	3·14
—	—	—	—	—	·4	·11	—	—	·01
—	—	—	—	—	·2	·11	—	—	·07
119·7	1·50	1·50	—	3·81	143·3	·67	·67	·45	5·01
—	—	—	—	—	—	—	—	—	—
1·5	—	—	—	·62	4·3	—	—	—	·08
—	—	—	—	—	—	·11	—	—	—
1194·5	7·48	19·45	11·97	62·04	1110·9	9·25	20·07	14·16	62·06
1062·9	9·32	20·67	13·47	57·94	—	—	—	—	—

nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years
that for 1896, &c., &c.

ABSTRACT No. VIII.—Table showing the Average Strength, Admissions the Non-European Troops stationed in the West Indies during the Year 1894,

Average Strength, 1,593.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
Group "A."							
Sub-Group I.							
Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	14	—	—	—	—	—	·35
Enteric Fever	2	—	—	—	—	—	·17
Other Continued Fevers	156	—	—	—	—	—	4·98
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	22	—	—	—	—	1	1·64
Other Diseases	53	—	—	—	—	—	2·05
Total	247	—	—	—	—	1	9·19
Sub-Group II.—Malarial Fevers	70	1	—	1	—	—	3·93
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV.							
Syphilis, Primary	148	—	—	—	—	—	9·17
„ Secondary	82	—	—	—	—	9	8·89
Gonorrhœa	240	—	—	—	—	—	15·61
Total	470	—	—	—	—	9	33·67
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
Group "B."							
Sub-Group I.—Parasitic Diseases	—	—	—	—	—	—	—
Sub-Group II.							
Scurvy	—	—	—	—	—	—	—
Alcoholism	—	—	—	—	—	—	—
Group "C."							
Debility, &c.	8	—	—	—	—	—	·89
Group "D."							
Rheumatism	78	—	—	—	—	—	3·95
Tubercular Diseases	21	7	—	7	—	13	3·33
Other Diseases	16	1	—	1	—	3	1·38
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System, Nervous Diseases	11	—	—	—	—	—	·66
1. Nervous System, Mental „	3	—	—	—	—	3	·55
2. Eye	19	—	—	—	—	—	1·58
3 & 4. Other Organs of Special Senses	3	—	—	—	—	1	·50
5. Circulatory System	23	3	—	3	—	10	2·89
6. Respiratory „	79	2	—	2	—	1	5·74
7. Digestive „	108	—	—	—	—	4	3·75
8. Lymphatic and Glandular System	61	—	—	—	—	—	3·83
9. Urinary System	8	—	—	—	—	1	·64
10. Generative „	146	—	—	—	—	—	10·68
11. Organs of Locomotion	14	—	—	—	—	2	1·34
12. Connective Tissue	59	—	—	—	—	1	6·89
13. Skin	144	—	—	—	—	—	8·95
III.—POISONS	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	1	—	1	—	—	—
2. Local	107	—	—	—	—	2	10·75
3. In Action	—	—	—	—	—	—	—
No appreciable disease	3	—	—	—	—	—	·27
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	1,698	15	—	15	—	51	115·36
* Average of 10 years, 1884-93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1895 in

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK among with the Ratios per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	·1	—	—	—	·01
8·8	—	—	—	·23	14·5	1·74	—	—	·75
1·3	—	—	—	·10	3·5	·41	—	—	·33
97·9	—	—	—	3·13	108·8	—	—	—	3·66
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
13·8	—	—	·63	1·03	13·5	·41	—	·20	·72
33·3	—	—	—	1·29	15·2	—	—	—	·39
155·1	—	—	·63	5·77	155·6	2·57	—	·20	5·87
44·0	·63	—	—	2·47	106·9	1·74	—	·41	3·22
—	—	—	—	—	·4	—	—	—	·02
92·9	—	—	—	5·76	100·3	—	—	—	9·66
51·5	—	—	5·65	5·58	46·5	·10	—	6·05	4·44
150·6	—	—	—	9·80	166·5	—	—	·10	10·49
295·0	—	—	5·65	21·14	313·3	·10	—	6·16	24·59
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	·5	—	—	—	·01
—	—	—	—	—	·1	—	—	—	·01
—	—	—	—	—	·1	—	—	—	—
5·0	—	—	—	·56	8·1	—	—	3·49	·64
49·0	—	—	—	2·48	62·0	—	—	2·87	3·56
12·9	4·39	—	8·16	2·09	7·7	2·87	—	4·93	1·14
10·1	·63	—	1·88	·87	5·4	·20	—	3·39	·81
6·9	—	—	—	·41	10·8	·31	—	2·67	·75
1·9	—	—	1·88	·35	1·1	—	—	1·23	·31
11·9	—	—	—	·99	27·8	—	—	2·57	1·99
1·9	—	—	·63	·31	6·6	·10	—	·72	·49
14·5	1·88	—	6·28	1·81	13·0	1·03	—	3·69	1·28
49·6	1·26	—	·63	3·60	52·3	2·46	—	1·64	3·46
67·8	—	—	2·51	2·35	70·0	·92	—	1·54	2·14
38·3	—	—	—	2·40	47·6	—	—	1·03	4·24
5·0	—	—	·63	·40	2·9	·41	—	·92	·29
91·7	—	—	—	6·71	128·2	—	—	2·15	9·70
8·8	—	—	1·26	·84	9·1	—	—	2·46	·68
37·0	—	—	·63	4·33	33·2	—	—	·10	1·74
90·4	—	—	—	5·62	82·3	—	—	·92	3·61
—	—	—	—	—	·2	—	—	—	·01
—	·63	—	—	—	·5	·51	—	—	—
67·2	—	—	1·26	6·75	82·2	·20	—	·92	3·03
—	—	—	—	—	—	—	—	—	—
1·9	—	—	—	·17	7·9	—	—	—	·15
—	—	—	—	—	—	—	—	—	—
1065·9	9·42	—	32·02	72·42	1235·8	13·44	—	44·01	73·74
1181·6	13·41	—	40·30	70·84	—	—	—	—	—

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the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. IX.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS
the NON-EUROPEAN TROOPS stationed at WEST AFRICA during the Year 1894,

Average Strength, 853.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
Diseases.		In the Command.	Of Invalids.	Total.	Number sent to West Indies.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Sub-Group I. Other Eruptive Fevers	—	—	—	—	—	—	—
Sub-Group I. Enteric Fever	—	—	—	—	—	—	—
Sub-Group I. Other Continued Fevers	—	—	—	—	—	—	—
Sub-Group I. Yellow Fever	—	—	—	—	—	—	—
Sub-Group I. Cholera	—	—	—	—	—	—	—
Sub-Group I. Dysentery	6	2	—	2	1	—	·23
Sub-Group I. Other Diseases	—	—	—	—	—	—	—
Total	6	2	—	2	1	—	·23
Sub-Group II.—Malarial Fevers	484	4	—	4	2	—	14·36
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV. Syphilis, Primary	23	—	—	—	—	—	2·00
Sub-Group IV. „ Secondary	35	—	—	—	12	7	2·77
Sub-Group IV. Gonorrhœa	93	—	—	—	—	—	5·20
Total	151	—	—	—	12	7	9·97
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	4	—	—	—	—	—	·07
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Sub-Group II. Alcoholism	1	—	—	—	—	—	·02
GROUP "C."							
Debility, &c.	7	—	—	—	9	1	·41
GROUP "D."							
Rheumatism	63	—	—	—	4	1	4·50
Tubercular Diseases	6	2	2	4	12	8	1·02
Other Diseases	1	—	—	—	1	1	·03
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System, Nervous Diseases	13	—	—	—	1	1	·35
1. Nervous System, Mental „	2	—	—	—	1	—	·16
2. Eye	14	—	—	—	2	2	1·16
3 & 4. Other Organs of Special Senses	5	—	—	—	3	3	·12
5. Circulatory System	14	1	—	1	7	5	·46
6. Respiratory „	57	1	—	1	1	—	2·16
7. Digestive „	80	3	—	3	1	1	1·99
8. Lymphatic and Glandular System	16	—	—	—	1	—	1·09
9. Urinary System	3	1	—	1	1	1	·32
10. Generative „	97	—	—	—	1	1	5·76
11. Organs of Locomotion	10	—	—	—	3	—	·26
12. Connective Tissue	32	—	—	—	—	—	1·75
13. Skin	143	—	—	—	1	1	6·36
III.—POISONS.	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	—	—	—	—	—	—
2. Local	59	—	—	—	—	3	3·06
3. In Action	—	—	—	—	—	—	—
No appreciable disease	1	—	—	—	—	—	·02
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	1,269	14	2	16	64	36	55·63
* Average of 10 years, 1884–93	—	—	—	—	—	—	—

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† The average ratios for 10 years will be given in future years. The average ratios
1886 to 1895 in that

into Hospital, Deaths, Numbers Invalided and Constantly Sick among with the Ratios per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent to West Indies.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent to West Indies.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	3·5	—	—	—	·08
—	—	—	—	—	·6	·39	—	—	·07
—	—	—	—	—	8·1	—	—	—	·15
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
7·0	2·35	1·17	—	·27	22·2	·58	·39	—	1·39
—	—	—	—	—	16·1	·19	—	—	·58
7·0	2·35	1·17	—	·27	50·5	1·16	·39	—	2·27
567·4	4·69	2·35	—	16·83	907·1	7·74	·77	·19	24·36
—	—	—	—	—	1·3	·19	—	—	·01
27·0	—	—	—	2·34	53·6	—	·39	—	4·95
41·0	—	14·07	8·21	3·25	49·1	—	3·68	2·32	4·82
109·0	—	—	—	6·10	143·0	—	—	—	8·11
177·0	—	14·07	8·21	11·69	245·7	—	4·07	2·32	17·88
—	—	—	—	—	—	—	—	—	—
4·7	—	—	—	·08	4·4	—	—	—	·05
—	—	—	—	—	—	—	—	—	—
1·2	—	—	—	·02	·8	—	—	—	·02
8·2	—	10·55	1·17	·48	23·7	—	7·55	·19	1·67
73·9	—	4·69	1·17	5·28	90·0	—	3·68	1·35	5·96
7·0	4·69	14·07	9·38	1·20	10·4	4·26	2·13	·58	1·40
1·2	—	1·17	1·17	·04	3·3	·19	1·93	·77	·30
15·2	—	1·17	1·17	·41	12·8	·77	·77	·39	1·05
2·3	—	1·17	—	·19	1·7	—	·19	·39	·13
16·4	—	2·35	2·35	1·36	24·6	—	·77	·39	1·52
5·9	—	3·52	3·52	·14	7·9	—	·19	·19	·66
16·4	1·17	8·21	5·86	·54	17·6	1·55	1·74	·77	1·15
66·8	1·17	1·17	—	2·53	62·4	2·71	·19	·39	3·05
93·8	3·52	1·17	1·17	2·33	72·4	·39	·19	·19	2·36
18·8	—	1·17	—	1·28	52·4	—	·97	—	4·59
3·5	1·17	1·17	1·17	·33	6·2	1·94	·39	·19	·53
113·7	—	1·17	1·17	6·75	70·6	—	·58	·39	4·92
11·7	—	3·52	—	·30	12·8	·19	1·74	1·16	1·37
37·5	—	—	—	2·05	38·6	—	—	—	1·97
167·7	—	1·17	1·17	7·46	154·8	—	·19	—	7·08
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	·4	·77	—	—	—
69·2	—	—	3·52	3·59	77·8	·77	·19	·58	3·46
—		—	—	—	4·6	·39	·58	—	·36
1·2	—	—	—	·02	1·3	—	—	—	·08
—	—	—	—	—	—	—	—	—	—
1487·7	18·76	75·03	42·20	65·22	1956·1	23·02	29·21	10·45	88·20
1831·8	21·86	28·72	11·42	84·35	—	—	—	—	—

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for the nine years 1886 to 1894 will be given in the Report for 1895, those for the ten years for 1896 &c., &c.

ABSTRACT No. X.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS among the TROOPS stationed at SOUTH AFRICA and ST. HELENA average Ratios for 10 Years.*

Average Strength, 3,172.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Sub-Group I. Other Eruptive Fevers	3	—	—	—	—	—	·20
Sub-Group I. Enteric Fever	44	8	—	8	—	—	7·92
Sub-Group I. Other Continued Fevers	122	—	—	—	—	—	5·58
Sub-Group I. Yellow Fever	—	—	—	—	—	—	—
Sub-Group I. Cholera	—	—	—	—	—	—	—
Sub-Group I. Dysentery	6	—	—	—	—	—	·33
Sub-Group I. Other Diseases	45	—	—	—	—	—	1·37
Total	220	8	—	8	—	—	15·40
Sub-Group II.—Malarial Fevers	56	1	—	1	—	—	2·45
Sub-Group III.—Septic Diseases	7	—	—	—	—	—	·46
Sub-Group IV. Syphilis, Primary	275	—	—	—	—	—	23·87
Sub-Group IV. „ Secondary	132	—	—	—	5	2	13·60
Sub-Group IV. Gonorrhœa	433	—	—	—	—	—	33·03
Total	840	—	—	—	5	2	70·50
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	9	—	—	—	—	—	·13
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Sub-Group II. Alcoholism	7	—	—	—	—	—	·25
GROUP "C."							
Debility, &c.	31	—	—	—	6	1	1·85
GROUP "D."							
Rheumatism	81	—	—	—	2	1	5·20
Tubercular Diseases	8	1	2	3	3	1	2·05
Other Diseases	24	—	—	—	1	1	2·40
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System, Nervous Diseases	27	1	—	1	4	4	1·60
1. Nervous System, Mental „	3	—	—	—	3	2	·78
2. Eye	24	—	—	—	—	—	1·17
3 & 4. Other Organs of Special Senses	35	—	—	—	6	6	3·15
5. Circulatory System	18	1	—	1	7	6	3·86
6. Respiratory „	113	1	—	1	1	1	5·43
7. Digestive „	339	1	1	2	2	1	10·60
8. Lymphatic and Glandular System	65	—	—	—	—	—	6·85
9. Urinary System	7	1	—	1	3	2	2·12
10. Generative „	82	—	—	—	—	—	5·72
11. Organs of Locomotion	38	—	—	—	3	3	2·74
12. Connective Tissue	91	—	—	—	—	—	4·22
13. Skin	192	—	—	—	2	2	8·34
III.—POISONS	1	—	—	—	—	—	·01
IV.—INJURIES.							
1. General	—	1	—	1	—	—	—
2. Local	425	1	—	1	2	2	17·16
3. In Action	—	—	—	—	—	—	—
No appreciable disease	11	—	—	—	—	—	·31
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	2,754	17	3	20	50	35	174·75
* Average of 10 years, 1884–93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1895 in

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK during the Year 1894, with the Ratios per 1,000 of the Strength, and the

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	—
·9	—	—	—	·06	1·1	—	—	—	·07
13·9	2·52	—	—	2·50	8·2	1·66	·04	—	1·22
38·5	—	—	—	1·76	37·7	·04	—	—	1·72
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
1·9	—	—	—	·10	6·3	·15	·63	·07	·61
14·2	—	—	—	·43	7·8	·04	—	—	·23
69·4	2·52	—	—	4·85	61·1	1·89	·67	·07	3·85
17·7	·32	—	—	·77	24·4	·04	·41	·04	·89
2·2	—	—	—	·15	2·0	—	·04	—	·11
86·7	—	—	—	7·53	87·5	—	—	—	7·13
41·6	—	1·58	·63	4·29	58·4	·29	3·35	1·55	5·34
136·5	—	—	—	10·41	96·1	—	·29	·07	6·58
264·8	—	1·58	·63	22·23	242·0	·29	3·64	1·62	19·05
—	—	—	—	—	—	—	—	—	—
2·8	—	—	—	·04	2·0	—	—	·11	·04
—	—	—	—	—	—	—	—	—	—
2·2	—	—	—	·08	3·6	—	·04	—	·09
9·8	—	1·89	·32	·58	14·4	—	3·64	1·38	1·47
25·5	—	·63	·32	1·64	41·2	·11	1·66	·51	2·93
2·5	·95	·95	·32	·65	2·7	·51	1·40	1·22	·52
7·6	—	·32	·32	·76	5·1	·07	·63	·37	·43
8·5	·32	1·26	1·26	·50	7·9	·51	1·62	1·40	·72
·9	—	·95	·63	·25	1·1	·11	·95	·95	·27
7·6	—	—	—	·37	16·9	—	1·11	·92	1·19
11·0	—	1·89	1·89	·89	7·8	·04	·81	·66	·63
5·7	·32	2·21	1·89	1·22	10·9	·29	3·57	2·36	1·40
35·6	·32	·32	·32	1·71	25·7	·63	1·32	·74	1·77
106·9	·63	·63	·32	3·34	93·2	·44	1·54	1·00	3·37
20·5	—	—	—	2·16	33·4	—	·15	·19	3·22
2·2	·32	·95	·63	·67	3·7	·11	·55	·29	·32
25·9	—	—	—	1·80	48·9	—	·41	·37	3·15
12·0	—	·95	·95	·86	8·0	·04	·70	·74	·61
28·7	—	—	—	1·33	27·7	—	·04	—	1·20
60·5	—	·63	·63	2·63	58·9	—	·26	·11	2·60
·3	—	—	—	—	·3	·04	—	—	—
—	·32	—	—	—	1·5	·92	·22	·04	·10
134·0	·32	·63	·63	5·41	105·1	·59	1·11	·06	4·71
—	—	—	—	—	—	·07	—	·07	—
3·4	—	—	—	·10	1·9	—	—	—	·08
—	—	—	—	—	—	—	—	—	—
868·2	6·31	15·76	11·03	55·09	852·4	6·70	26·49	15·80	54·72
839·8	7·07	27·80	16·33	53·27	—	—	—	—	—

the nine years, 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. XI.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS among the TROOPS stationed at MAURITIUS during the Year 1894, with

Average Strength, 583.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	—	—	—	—	—	—	—
Enteric Fever	1	—	—	—	—	—	·22
Other Continued Fevers	—	—	—	—	—	—	—
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	6	—	—	—	—	—	·44
Other Diseases	—	—	—	—	—	—	—
Total	7	—	—	—	—	—	·66
Sub-Group II.—Malarial Fevers	347	3	—	3	7	2	15·61
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV. Syphilis, Primary	32	—	—	—	—	—	2·26
" Secondary	26	—	—	—	1	1	2·32
Gonorrhœa	51	—	—	—	—	—	3·20
Total	109	—	—	—	1	1	7·78
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	—	—	—	—	—	—	—
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism	1	—	—	—	—	—	·04
GROUP "C."							
Debility, &c.	5	—	—	—	—	—	·19
GROUP "D."							
Rheumatism	14	—	—	—	—	—	·98
Tubercular Diseases	1	1	—	1	—	—	·10
Other Diseases	8	—	—	—	—	—	·41
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System: Nervous Diseases	3	—	—	—	—	—	·37
Mental "	2	—	—	—	1	1	·33
2. Eye	8	—	—	—	1	—	1·04
3 & 4. Other Organs of Special Senses	18	—	—	—	1	2	1·10
5. Circulatory System	4	—	—	—	—	1	·24
6. Respiratory "	11	—	—	—	—	—	·77
7. Digestive "	64	—	—	—	—	—	2·64
8. Lymphatic and Glandular System	26	—	—	—	—	—	2·91
9. Urinary System	6	1	—	1	1	1	·37
10. Generative "	23	—	—	—	—	—	1·93
11. Organs of Locomotion	5	—	—	—	—	—	·47
12. Connective Tissue	6	—	—	—	—	—	·27
13. Skin	24	—	—	—	—	—	·76
III.—POISONS.	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	—	1	—	1	—	—	—
2. Local	65	—	—	—	—	—	2·87
3. In Action	—	—	—	—	—	—	—
No appreciable disease	2	—	—	—	—	—	·08
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	759	6	—	6	12	8	41·92
* Average of 10 years, 1884-93	—	—	—	—	—	—	—

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† The average ratios for 10 years will be given in future years. The average ratios for 1886 to 1895 in

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK the Ratios per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000, from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	·2	—	—	—	·03
—	—	—	—	—	1·3	—	—	—	·10
1·7	—	—	—	·38	14·2	5·06	·26	—	1·60
—	—	—	—	—	2·0	1·01	—	—	·10
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
10·3	—	—	—	·75	24·3	1·01	1·01	—	1·42
—	—	—	—	—	3·3	—	—	—	·09
12·0	—	—	—	1·13	45·3	7·09	1·27	—	3·34
595·2	5·14	12·01	3·43	26·78	602·8	3·04	30·38	1·27	24·70
—	—	—	—	—	1·8	·25	—	—	·06
54·9	—	—	—	3·87	41·8	—	—	—	3·23
44·6	—	1·72	1·72	3·98	27·3	—	2·53	1·27	2·27
87·5	—	—	—	5·49	106·6	—	—	—	6·77
187·0	—	1·72	1·72	13·34	175·7	—	2·53	1·27	12·27
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	3·5	—	—	·25	·08
—	—	—	—	—	·2	—	—	—	·01
1·7	—	—	—	·07	2·8	·26	—	—	·06
8·6	—	—	—	·33	13·4	·25	5·82	2·03	·74
24·0	—	—	—	1·68	21·3	—	1·01	·76	1·10
1·7	1·72	—	—	·17	2·8	·76	1·77	1·77	·33
13·7	—	—	—	·70	5·3	—	·25	—	·22
5·1	—	—	—	·64	10·4	·76	2·03	2·03	·51
3·4	—	1·72	1·72	·57	2·8	·25	2·03	2·03	·45
13·7	—	1·72	—	1·78	12·4	—	2·03	1·01	·99
30·9	—	1·72	3·43	1·89	11·6	—	1·27	·76	·72
6·9	—	—	1·72	·41	17·5	·25	3·54	3·04	1·22
18·9	—	—	—	1·32	22·0	—	·76	·25	1·39
109·8	—	—	—	4·53	117·5	2·03	2·53	·50	4·22
44·6	—	—	—	4·99	50·9	—	—	·25	5·57
10·3	1·72	1·72	1·72	·63	4·8	—	2·03	·76	·53
39·4	—	—	—	3·31	64·8	—	·25	·50	4·16
8·6	—	—	—	·81	6·8	—	—	—	·42
10·3	—	—	—	·46	21·8	—	—	—	·85
41·2	—	—	—	1·30	55·7	—	—	—	2·66
—	—	—	—	—	—	—	—	—	—
—	1·72	—	—	—	1·5	1·27	·25	—	·03
111·5	—	—	—	4·92	104·1	1·01	·25	·25	4·17
—	—	—	—	—	—	—	—	—	—
3·4	—	—	—	·14	2·8	—	—	—	·07
—	—	—	—	—	—	—	—	—	—
1301·9	10·29	20·58	13·72	71·90	1382·3	17·22	60·00	18·73	70·87
1539·5	17·55	57·37	17·55	73·00	—	—	—	—	—

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the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. XII.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS
the Troops stationed at CEYLON during the Year 1894, with the Ratios

Average Strength, 1,411.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I.							
Small-pox	—	—	—	—	—	—	—
Other Eruptive Fevers	—	—	—	—	—	—	—
Enteric Fever	8	3	—	3	—	—	1·01
Other Continued Fevers	47	—	—	—	—	—	2·05
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	24	—	—	—	3	1	1·87
Other Diseases	—	—	—	—	—	—	—
Total	79	3	—	3	3	1	4·93
Sub-Group II.—Malarial Fevers	75	—	—	—	—	—	2·48
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV.							
Syphilis, Primary	112	—	—	—	—	—	9·60
„ Secondary	83	—	—	—	8	6	7·52
Gonorrhœa	187	—	—	—	1	—	11·69
Total	382	—	—	—	9	6	28·81
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	1	—	—	—	—	—	·01
Sub-Group II.							
Scurvy	—	—	—	—	—	—	—
Alcoholism	5	1	—	1	—	—	·10
GROUP "C."							
Debility, &c.	11	—	—	—	2	1	·39
GROUP "D."							
Rheumatism	69	—	—	—	—	—	3·19
Tubercular Diseases	5	1	—	1	3	1	·22
Other Diseases	17	—	—	—	—	—	·66
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System: Nervous Diseases	9	—	—	—	1	—	·43
1. Nervous System: Mental „	1	—	—	—	1	—	·45
2. Eye	19	—	—	—	1	—	·84
3 & 4. Other Organs of Special Senses	15	—	—	—	1	1	·67
5. Circulatory System	18	5	—	5	2	1	·29
6. Respiratory „	48	—	—	—	1	2	1·82
7. Digestive „	169	3	1	4	4	1	5·63
8. Lymphatic and Glandular System	60	—	—	—	1	—	6·19
9. Urinary System	1	—	—	—	—	—	·01
10. Generative „	92	—	—	—	3	—	6·54
11. Organs of Locomotion	5	—	—	—	—	—	·20
12. Connective Tissue	51	—	—	—	—	—	2·44
13. Skin	85	—	—	—	—	—	4·70
III.—POISONS.	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	1	—	—	—	—	—	·04
2. Local	98	1	—	1	—	—	4·50
3. In Action	—	—	—	—	—	—	—
No appreciable disease	3	—	—	—	—	—	·13
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	1,322	14	1	15	32	14	76·37
* Average of 10 years 1884–93	—	—	—		—		—

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* The average ratios for 10 years will be given in future years. The average ratios for the
1886 to 1895 in

into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK among per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	—	—	—	—	·01
—	—	—	—	—	·3	—	—	—	·01
5·7	2·13	—	—	·72	9·1	3·55	—	—	1·01
33·3	—	—	—	1·45	69·5	·22	—	—	2·19
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	·1	·11	—	—	·00
17·0	—	2·13	·71	1·32	20·5	·97	1·40	·21	1·65
—	—	—	—	—	4·0	—	—	—	·08
56·0	2·13	2·13	·71	3·49	108·5	4·85	1·40	·21	4·95
53·2	—	—	—	1·76	34·3	·22	·32	—	1·12
—	—	—	—	—	·7	—	—	—	·01
79·4	—	—	—	6·80	67·4	—	·11	—	5·55
58·8	—	5·67	4·25	5·33	55·1	—	1·72	1·51	4·39
132·5	—	·71	—	8·29	134·5	—	·11	·11	7·28
270·7	—	6·38	4·25	20·42	257·0	—	1·94	1·62	17·22
—	—	—	—	—	—	—	—	—	—
·7	—	—	—	·01	1·6	—	—	—	·02
—	—	—	—	—	—	—	—	—	—
3·5	·71	—	—	·07	4·2	·11	—	—	·15
7·8	—	1·42	·71	·27	16·3	—	3·12	1·51	1·03
46·9	—	—	—	2·26	28·8	—	—	—	1·47
3·5	·71	2·13	·71	·15	3·6	·97	2·26	2·15	·70
12·1	—	—	—	·47	10·9	·11	·76	·43	·74
6·4	—	·71	—	·30	10·3	·55	1·72	1·20	·62
·7	—	·71	—	·32	1·5	—	1·40	1·40	·55
13·5	—	·71	—	·59	13·0	—	·77	·65	·74
10·6	—	·71	·71	·48	16·5	—	·21	·21	·64
12·8	3·54	1·42	·71	·70	8·2	·86	1·40	·76	·78
34·0	—	·71	1·42	1·29	25·4	·75	·97	·32	1·54
119·8	2·83	2·83	·71	4·00	100·0	1·50	1·30	·32	3·73
42·5	—	·71	—	4·39	65·7	—	·22	—	6·86
·7	—	—	—	·01	3·1	—	·32	·32	·25
65·2	—	2·13	—	4·63	104·0	—	·21	—	6·50
3·5	—	—	—	·14	6·8	—	·76	·64	·53
38·3	—	—	—	1·73	22·6	—	—	—	·91
60·2	—	—	—	3·33	71·2	—	—	—	2 86
—	—	—	—	—	—	—	—	—	—
·7	—	—	—	·03	2·0	1·72	·21	·11	·13
69·5	·71	—	—	3·19	98·0	·32	·32	·43	3·72
—	—	—	—	—	—	—	—	—	—
2·1	—	—	—	·09	4·7	—	—	—	·08
—	—	—	—	—	—	—	—	—	—
936·9	10·63	22·68	9·92	54·12	1013·9	11·96	19·61	12·28	57·85
1042·0	11·74	21·49	12·91	58·69	—	—	—	—	—

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nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. XIII.—TABLE showing the AVERAGE STRENGTH, ADMISSIONS among the TROOPS stationed in CHINA during the Year 1894, with the

Average Strength, 1,446.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
Diseases.		In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Sub-Group I. Other Eruptive Fevers	1	—	—	—	—	—	·09
Sub-Group I. Enteric Fever	—	—	—	—	—	—	—
Sub-Group I. Other Continued Fevers	4	—	—	—	—	—	·38
Sub-Group I. Cholera	—	—	—	—	—	—	—
Sub-Group I. Bubonic Plague	9	1	—	1	—	—	1·37
Sub-Group I. Dysentery	26	—	—	—	3	—	1·55
Sub-Group I. Other Diseases	—	—	—	—	—	—	—
Total	40	1	—	1	3	—	3·39
Sub-Group II.—Malarial Fevers	656	5	—	5	20	6	22·56
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV. Syphilis, Primary	98	—	—	—	—	—	9·24
Sub-Group IV. " Secondary	98	—	1	1	15	2	8·45
Sub-Group IV. Gonorrhœa	275	—	—	—	3	—	17·62
Total	471	—	1	1	18	2	35·31
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	1	—	—	—	—	—	·01
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Sub-Group II. Alcoholism	8	1	—	1	1	—	·40
GROUP "C."							
Debility, &c.	41	—	—	—	14	2	2·26
GROUP "D."							
Rheumatism	35	—	—	—	3	1	2·04
Tubercular Diseases	5	5	—	5	2	2	1·6[illegible]
Other Diseases	16	—	—	—	4	1	·92
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System: Nervous Diseases	3	—	1	1	2	1	·51
1. Nervous System: Mental "	1	—	—	—	1	—	·32
2. Eye	19	—	—	—	2	1	1·02
3 & 4. Other Organs of Special Senses	17	—	—	—	1	—	·79
5. Circulatory System	24	4	—	4	11	6	2·04
6. Respiratory "	47	—	—	—	4	1	2·18
7. Digestive "	131	2	—	2	4	1	5·50
8. Lymphatic and Glandular System	51	—	—	—	2	1	4·56
9. Urinary System	8	1	—	1	2	—	·84
10. Generative "	206	—	—	—	1	1	16·98
11. Organs of Locomotion	19	—	—	—	4	—	1·10
12. Connective Tissue	38	—	—	—	1	—	1·71
13. Skin	75	—	—	—	—	—	2·68
III.—POISONS	—	—	—	—	—	—	—
IV.—INJURIES.							
1. General	2	5	—	5	—	—	·07
2. Local	120	—	—	—	—	—	3·94
3. In Action	—	—	—	—	—	—	—
No appreciable disease	1	—	—	—	—	—	·02
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	2,035	24	2	26	100	26	112·75
* Average of 10 years, 1884-93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios for the 1886 to 1895 in

into Hospital, Deaths, Numbers Invalided and Constantly Sick Ratios per 1,000 of the Strength, and the Average Ratios for 10 years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	1·4	—	—	—	·11
·7	—	—	—	·06	—	—	—	—	—
—	—	—	—	—	1·2	·48	·09	—	·13
2·8	—	—	—	·27	11·8	—	—	—	·38
—	—	—	—	—	·3	·29	—	—	—
6·2	·69	—	—	·95	—	—	—	—	—
18·0	—	2·08	—	1·07	13·7	·48	·57	—	·73
—	—	—	—	—	·8	—	—	—	·02
27·7	·69	2·08	—	2·35	29·2	1·24	·67	—	1·37
453·7	3·46	13·83	4·15	15·60	458·3	2·38	3·43	·48	12·17
—	—	—	—	—	·3	—	—	—	·01
67·8	—	—	—	6·39	31·9	—	—	—	3·05
67.8	·69	10·37	1·38	5·84	44·3	·09	1·33	·57	3·08
190·1	—	2·08	—	12·19	119·7	—	—	—	7·75
325·7	·69	12·45	1·38	24·42	195·9	·09	1·33	·57	13·88
—	—	—	—	—	—	—	—	—	—
·7	—	—	—	·01	1·0	—	—	—	·02
—	—	—	—	—	—	·09	—	—	—
5·5	·69	·69	—	·28	3·3	·09	—	—	·17
28·3	—	9·68	1·38	1·56	19·7	·09	1·43	1·24	·90
24·2	—	2·08	·69	1·41	17·7	—	·57	·19	·84
3·4	3·46	1·38	1·38	1·11	4·5	·67	2·38	1·05	·74
11·1	—	2·77	·69	·64	6·5	·29	·29	·19	·54
2·1	·69	1·38	·69	·35	5·7	·38	·48	·48	·36
0·7	—	·69	—	·22	1·5	·09	·76	·76	·25
13·1	—	1·38	·69	·71	7·9	—	·38	·19	·45
11·7	—	·69	—	·55	11·3	—	·29	·38	·41
16·6	2·77	7·61	4·15	1·41	13·4	·86	2·38	2·19	1·01
32·5	—	2·77	·69	1·51	28·1	·48	·95	·57	1·54
90·6	1·38	2·77	·69	3·80	93·7	·48	1·81	·67	3·76
35·3	—	1·38	·69	3·15	22·9	—	·19	·09	2·10
5·5	·69	1·38	—	·58	3·7	·19	·29	·09	·36
142·5	—	·69	·69	11·74	120·7	·09	—	—	8·89
13·1	—	2·77	—	·76	8·5	—	·67	·57	·58
26·3	—	·69	—	1·18	25·2	—	·19	·09	1·14
51·9	—	—	—	1·85	49·5	—	·19	—	2·00
—	—	—	—	—	·4	—	—	—	—
1·4	3·46	—	—	·05	1·5	1·43	—	—	·11
83·0	—	—	—	2·72	85·6	1·33	·86	·86	3·73
—	—	—	—	—	—	—	—	—	—
·7	—	—	—	·01	·7	—	—	—	·04
—	—	—	—	—	—	—	—	—	—
1407·3	17·98	69·16	17·98	77·97	1216·7	10·29	19·53	10·67	57·37
1157·7	10·65	23·28	—	54·60	—	—	—	—	—

nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years that for 1896, &c., &c.

ABSTRACT No. XIV.—TABLE showing the AVERAGE STRENGTH, ADMIS-
among the TROOPS stationed in the STRAITS SETTLEMENTS during
Ratios for 10 years.*

Average Strength, 1,317. Diseases.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
		In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	1	—	—	—	—	—	·08
Other Eruptive Fevers	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—
Other Continued Fevers	102	—	—	—	1	—	4·36
Yellow Fever	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—
Dysentery	8	1	—	1	—	—	·52
Other Diseases	—	—	—	—	—	—	—
Total	111	1	—	1	1	—	4.96
Sub-Group II.—Malarial Fevers	39	1	—	1	—	—	1·11
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	—
Sub-Group IV. Syphilis, Primary	158	—	—	—	—	—	13·58
„ Secondary	137	—	—	—	12	3	14·69
Gonorrhœa	171	—	—	—	2	1	11·31
Total	466	—	—	—	14	4	39·58
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	2	—	—	—	—	—	·03
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism	8	1	—	1	—	—	·30
GROUP "C."							
Debility, &c.	8	—	—	—	2	2	1·21
GROUP "D."							
Rheumatism	9	—	—	—	—	—	·92
Tubercular Diseases	6	3	—	3	—	—	1·18
Other Diseases	3	—	—	—	—	—	·13
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System { Nervous Diseases	6	2	—	2	1	1	·33
Mental „	4	—	—	—	4	2	·87
2. Eye	4	—	—	—	—	—	·62
3 & 4. Other Organs of Special Senses	11	—	—	—	—	—	·24
5. Circulatory System	1	—	—	—	1	—	·45
6. Respiratory „	19	—	—	—	—	—	1·65
7. Digestive „	66	2	—	2	—	—	2·39
8. Lymphatic and Glandular System	31	—	—	—	—	—	5·17
9. Urinary System	—	—	—	—	—	—	—
10. Generative „	34	—	1	1	—	—	2·24
11. Organs of Locomotion	8	—	—	—	—	—	·49
12. Connective Tissue	27	—	—	—	—	—	1·35
13. Skin	54	—	—	—	—	—	2·02
III.—POISONS	1	—	—	—	—	—	·02
IV.—INJURIES.							
1. General	—	—	—	—	—	—	—
2. Local	87	1	—	1	—	—	3·77
3. In Action	—	—	—	—	—	—	—
No appreciable disease	3	—	—	—	—	—	·15
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	1,008	11	1	12	23	9	71·16
* Average of 10 years, 1884-93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. The average ratios for the
1886 to 1895 in

SIONS into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK
the Year 1894, with the Ratios per 1,000 of the Strength, and the Average

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
·8	—	—	—	·06	·1	—	—	—	·01
—	—	—	—	—	·2	—	—	—	·01
—	—	—	—	—	3·1	1·29	—	—	·49
77·4	—	·76	—	3·31	70·0	·11	—	—	2·33
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	·1	·11	·86	·11	·01
6·1	·76	—	—	·39	8·1	·11	—	—	·92
—	—	—	—	—	·2	—	—	—	·01
84·3	·76	·76	—	3·76	81·8	1·62	·86	·11	3·78
29·6	·76	—	—	·84	126·4	—	·11	—	3·86
—	—	—	—	—	—	—	—	—	—
120·0	—	—	—	10·31	90·8	—	—	—	8·24
104·0	—	9·11	2·28	11·15	92·3	·11	4·31	·86	9·98
129·8	—	1·52	·76	8·59	146·1	—	·32	—	10·77
353·8	—	10·63	3·04	30·05	329·2	·11	4·63	·86	28·99
—	—	—	—	—	·1	·11	—	—	—
1·5	—	—	—	·02	3·4	—	—	—	·07
—	—	—	—	—	—	—	—	—	—
6·1	·76	—	—	·23	7·8	·32	—	—	·30
6·1	—	1·52	1·52	·92	18·5	—	2·05	1·51	1·95
6·8	—	—	—	·70	13·2	—	·32	·22	·98
4·6	2·27	—	—	·90	1·8	·75	1·51	·86	·56
2·3	—	—	—	·10	8·5	·22	·11	—	·54
4·6	1·52	·76	·76	·25	6·6	·43	·32	·32	·33
3·0	—	3·04	1·52	·66	1·5	·11	1·18	1·18	·33
3·0	—	—	—	·47	21·6	—	·54	·32	1·07
8·4	—	—	—	·18	15·4	—	·11	·11	·58
·8	—	·76	—	·33	5·8	·32	1·72	1·94	·84
14·4	—	—	—	1·25	23·8	·97	1·40	·43	1·69
50·1	1·52	—	—	1·81	76·9	·22	·75	·43	3·27
23·5	—	—	—	3·93	41·1	—	·11	·11	4·88
—	—	—	—	—	2·5	·11	·32	·32	·41
25·8	·76	—	—	1·70	113·7	—	·65	·86	7·93
6·1	—	—	—	·37	8·4	—	·43	·54	·55
20·5	—	—	—	1·03	34·9	—	·11	—	1·47
41·0	—	—	—	1·53	76·7	—	—	·11	3·40
·8	—	—	—	·02	·1	—	—	—	·01
—	—	—	—	—	2·9	1·40	—	—	·19
66·1	·76	—	—	2·86	99·6	·22	·65	·54	4·21
—	—	—	—	—	—	—	—	—	—
2·3	—	—	—	·11	2·5	—	—	—	·07
—	—	—	—	—	—	—	—	—	—
765·4	9·11	17·46	6·83	54·03	1124·7	6·91	17·88	10·77	72·25
1147·1	6·73	21·26	—	68·12	—	—	—	—	—

nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years
that for 1896, &c., &c.

ABSTRACT No. XV.—Table showing the Average Strength, Admis-among the Troops stationed in the Bengal Command during the Year 1894,

Average Strength 44,160.		Deaths			Invalids.	
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	No. sent Home.	No. finally discharged the Service.
I.—GENERAL DISEASES.						
Group "A."						
Sub-Group I.						
Small-pox	1	—	—	—	—	—
Other Eruptive Fevers	18	—	—	—	—	—
Enteric Fever	1,069	300	—	300	17	—
Other Continued Fevers	822	—	—	—	—	3
Yellow Fever	—	—	—	—	—	—
Cholera	205	146	—	146	—	—
Dysentery	1,150	32	—	32	40	14
Other Diseases	160	1	—	1	—	—
Total	3,425	479	—	479	57	17
Sub-Group II.—Malarial Fevers	20,920	29	2	31	107	30
Sub-Group III.—Septic Diseases	114	5	—	5	—	—
Sub-Group IV.						
Syphilis, Primary	7,321	—	—	—	—	—
„ Secondary	2,940	3	—	3	131	44
Gonorrhœa	8,400	1	—	1	11	6
Total	18,661	4	—	4	142	50
Sub-Group V.—Hydrophobia, &c.	4	4	—	4	—	—
Group "B."						
Sub-Group I.—Parasitic Diseases	151	—	—	—	—	—
Sub-Group II.						
Scurvy	10	—	—	—	1	—
Alcoholism	189	—	—	—	—	—
Group "C."						
Debility, &c.	744	—	1	1	105	42
Group "D."						
Rheumatism	1,188	1	—	1	49	27
Tubercular Diseases	118	21	11	32	59	57
Other Diseases	272	6	3	9	23	13
II.—LOCAL DISEASES.						
Diseases of the—						
1. Nervous System: Nervous Diseases	247	15	—	15	35	49
1. Nervous System: Mental „	62	1	—	1	67	79
2. Eye	458	—	—	—	27	28
3 & 4. Other Organs of Special Senses	784	—	—	—	40	44
5. Circulatory System	402	14	2	16	121	137
6. Respiratory „	1,630	57	5	62	29	12
7. Digestive „	5,490	78	1	79	65	24
8. Lymphatic and Glandular System	1,193	1	—	1	20	8
9. Urinary System	92	11	—	11	12	6
10. Generative „	3,956	1	—	1	11	10
11. Organs of Locomotion	395	2	—	2	38	27
12. Connective Tissue	1,085	—	—	—	2	3
13. Skin	3,146	—	—	—	6	3
III.—POISONS	26	4	—	4	3	—
IV.—INJURIES.						
1. General	170	60	—	60	3	3
2. Local	4,108	28	—	28	43	39
3. In Action	—	—	—	—	—	—
No appreciable disease	90	—	—	—	—	—
Cause unknown (refers to deaths only)	—	—	—	—	—	—
General Total	69,130	821	25	846	1,056	708
* Average of 10 years, 1884-93	—	—	—	—	—	—

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† The average ratios for 10 years will be given in future years. The average ratios for the 1886 to 1895 in that for

SIONS into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK with the Ratios per 1,000 of the Strength, and the average Ratios for 10 Years.*

Average Number constantly Sick.	Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged	Constantly Sick.
·10	—	—	—	—	—	·8	·08	—	—	·09
1·20	·4	—	—	—	·03	2·1	·01	—	—	·06
152·36	24·2	6·79	·38	—	3·45	22·2	5·80	·23	·01	3·20
40·70	18·6	—	—	·07	·92	62·5	·03	·01	—	2·29
—	—	—	—	—	—	—	—	—	—	—
5·42	4·6	3·31	—	—	·12	2·2	1·50	·01	—	·06
90·84	26·0	·73	·91	·32	2·06	25·1	·61	·86	·14	1·66
6·24	3·6	·02	—	—	·14	7·1	·01	—	—	·21
296·86	77·6	10·85	1·29	·39	6·72	121·9	8·04	1·11	·15	7·56
701·04	473·7	·70	2·42	·68	15·87	392·1	·77	1·74	·33	12·33
6·96	2·6	·12	—	—	·16	2·0	·11	—	·01	·14
630·39	165·8	—	—	—	14·28	98·7	—	·01	—	8·01
307·97	66·6	·07	2·97	1·00	6·97	46·6	·10	1·76	·62	4·56
633·18	190·2	·02	·25	·13	14·34	172·9	—	·08	—	12·24
1571·54	422·6	·09	3·22	1·13	35·58	318·2	·10	1·84	·62	24·81
·03	·1	·09	—	—	—	·1	·04	—	—	—
3·24	3·4	—	—	—	·07	3·6	—	—	—	·09
·93	·2	—	·02	—	·02	·9	·01	—	—	·04
6·78	4·3	—	—	—	·15	10·4	·07	·02	·01	·32
56·09	16·8	·02	2·33	·95	1·27	22·4	·03	3·05	1·59	1·53
91·51	26·9	·02	1·11	·61	2·07	31·3	·07	·92	·33	2·14
27·36	2·7	·73	1·34	1·29	·62	3·3	·87	1·45	1·05	·70
23·24	6·2	·20	·52	·29	·50	10·8	·14	·45	·16	·69
17·30	5·6	·34	·79	1·11	·39	8·8	·38	1·07	·76	·62
18·46	1·4	·02	1·52	1·79	·42	1·6	—	1·14	1·22	·58
31·64	10·4	—	·61	·63	·72	13·6	—	·55	·53	·84
39·13	17·8	—	·91	1·00	·89	15·3	·01	·84	·62	·77
48·57	9·1	·36	2·74	3·10	1·10	11·6	·37	3·00	2·35	1·24
83·59	36·9	1·41	·45	·27	1·89	39·0	1·09	·63	·33	2·25
239·63	124·3	1·79	1·47	·54	5·43	140·9	1·74	1·90	·59	5·75
138·03	27·0	·02	·45	·18	3·13	27·9	·04	·41	·15	2·87
9·71	2·1	·25	·27	·13	·22	2·0	·14	·25	·16	·20
340·98	89·6	·02	·25	·23	7·72	97·4	·01	·26	·22	6·51
29·48	8·9	·05	·86	·61	·67	7·6	·04	·72	·61	·59
55·65	24·6	—	·05	·07	1·26	21·9	·02	·09	·03	1·00
136·74	71·2	—	·13	·07	3·10	69·9	—	·16	·04	2·85
·72	·6	·09	·07	—	·02	·4	·11	—	—	·01
8·67	3·8	1·36	·07	·07	·20	3·6	1·40	·10	·02	·19
195·42	93·0	·63	·97	·88	4·43	107·5	·87	·90	·61	4·68
—	—	—	—	—	—	—	—	·01	·02	—
4·06	2·0	—	—	—	·09	2·3	—	—	—	·10
—	—	—	—	—	—	—	—	—	—	—
4182·36	1565·4	19·16	23·91	16·03	94·71	1488·3	16·47	22·66	12·51	81·40
—	1515·6	15·82	23·23	12·88	79·79	—	—	—	—	—

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nine years, 1886 to 1894 will be given in the Report for 1895; those for the ten years 1896 &c., &c.

ABSTRACT No. XVI.—Table, taken from the Report of the Principal Classes of Diseases in each of the Military Districts in the Bengal

Military Districts.	Presidency.		Allahabad.		Oudh.		Rohilkhand.		Narbudda.	
Average Strength.	2,660		2,623		5,062		3,371		1,370	
Diseases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
I.—GENERAL DISEASES.										
GROUP "A."										
Sub-Group I. Small-pox	—	—	—	—	—	—	—	—	—	—
Other Eruptive Fevers	—	—	—	—	3	—	4	—	—	—
Enteric Fever	19	9	63	14	120	35	94	16	27	7
Other Continued Fevers	60	—	11	—	72	—	80	—	9	—
Yellow Fever	—	—	—	—	—	—	—	—	—	—
Cholera	1	1	32	28	165	112	2	1	—	—
Dysentery	141	4	130	3	134	6	85	1	24	1
Other diseases	—	—	23	—	54	—	14	—	—	—
Total	221	14	259	45	548	153	279	18	60	8
Sub-Group II.—Malarial Fevers	692	1	983	1	774	2	408	1	715	2
Sub-Group III.—Septic Diseases	1	—	1	1	3	—	9	2	—	—
Sub-Group IV. Syphilis, Primary	409	—	316	—	1,515	—	1,077	—	211	—
„ Secondary	175	1	148	—	421	—	401	—	110	—
Gonorrhœa	502	—	670	—	1,022	—	796	—	265	—
Total	1,086	1	1,134	—	2,958	—	2,274	—	586	—
Sub-Group V.—Hydrophobia, &c.	1	1	—	—	—	—	1	1	—	—
GROUP "B."										
Sub-Group I.—Parasitic Diseases	3	—	13	—	2	—	2	—	4	—
Sub-Group II. Scurvy	1	—	—	—	—	—	—	—	—	—
Alcoholism	21	—	11	—	19	—	2	—	7	—
GROUP "C."										
Debility, &c.	63	—	20	—	71	—	41	—	12	—
GROUP "D."										
Rheumatism	60	—	69	—	90	—	86	—	27	—
Tubercular Diseases	7	—	6	1	24	4	9	3	3	—
Other diseases	12	—	16	1	49	1	12	1	7	—
II.—LOCAL DISEASES.										
Diseases of the—										
1. Nervous System Nervous Diseases	16	2	25	1	32	2	21	1	8	1
Mental „	4	—	9	—	15	—	2	—	—	—
2. Eye	27	—	39	—	64	—	39	—	18	—
3 & 4. Other Organs of Special Senses	30	—	123	—	97	—	33	—	31	—
5. Circulatory System	15	1	38	1	51	2	18	1	12	—
6. Respiratory „	50	2	74	2	149	3	88	—	40	2
7. Digestive „	258	9	390	4	569	9	408	5	129	3
8. Lymphatic and Glandular System	66	—	95	—	140	—	92	—	63	—
9. Urinary System	4	—	1	—	9	—	3	—	3	—
10. Generative „	362	—	610	—	206	—	54	1	143	—
11. Organs of Locomotion	25	—	19	—	43	—	18	—	8	—
12. Connective Tissue	50	—	64	—	130	—	59	—	36	—
13. Skin	149	—	416	—	500	—	177	—	98	—
III.—POISONS.	1	—	1	1	1	1	—	—	2	—
IV.—INJURIES.										
1. General	3	—	11	2	18	12	2	—	2	2
2. Local	174	1	352	3	515	6	251	—	106	2
3. In Action	—	—	—	—	—	—	—	—	—	—
No appreciable disease	—	—	8	—	7	—	1	—	6	—
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—	—	—	—
General Total	3,402	32	4,787	63	7,084	195	4,389	34	2,126	20

MEDICAL OFFICER, showing the **PREVALENCE** and **MORTALITY** of the **DIFFERENT COMMAND**, with the ratios per 1,000 of Strength, during the year 1894.

Bundelkhand.		Meerut.		Sirhind.		Lahore.		Rawal Pindi.		Peshawar.		Quetta.		Marching.		Total.	
2,405		4,371		3,965		4,825		6,245		2,966		[illegible],219		2,078		44,160	
Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
1	—	4	—	1	—	1	—	2	—	2	—	—	—	—	—	18	—
56	13	120	38	188	50	130	38	81	27	122	45	38	8	11	—	1,069	300
181	—	25	—	93	—	59	—	88	—	1	—	123	—	20	—	822	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	1	1	—	—	—	—	—	—	—	—	—	3	3	205	146
65	2	112	3	99	3	118	2	84	3	49	2	46	2	63	—	1,150	32
9	—	42	1	12	—	6	—	—	—	—	—	—	—	—	—	160	1
313	15	304	43	394	53	314	40	255	30	174	47	207	10	97	3	3,425	479
1,241	1	1,904	3	976	1	4,393	5	2,729	4	3,470	8	2,023	—	607	—	20,920	29
4	—	5	—	13	—	7	—	35	—	14	1	21	1	1	—	114	5
517	—	308	—	675	—	616	—	918	—	112	—	264	—	383	—	7,321	—
208	—	206	—	260	—	245	1	328	—	145	—	219	1	74	—	2,940	3
666	—	651	—	583	—	1,110	—	1,023	1	400	—	277	—	435	—	8,400	1
1,391	—	1,165	—	1,518	—	1,971	1	2,269	1	657	—	760	1	892	—	18,661	4
1	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	4	4
3	—	19	—	38	—	22	—	14	—	22	—	8	—	2	—	151	—
3	—	1	—	1	—	3	—	1	—	—	—	—	—	—	—	10	—
14	—	4	—	13	—	12	—	61	—	14	—	9	—	2	—	189	—
60	—	51	—	50	—	185	—	52	—	52	—	75	—	12	—	744	—
103	—	89	—	132	—	148	—	185	—	61	—	69	—	40	1	1,188	1
7	2	9	—	11	4	23	4	16	1	—	—	2	1	1	1	118	21
18	—	18	—	20	1	38	—	24	—	20	1	23	—	15	1	272	6
20	1	27	1	16	—	32	4	19	1	14	—	9	—	8	1	247	15
9	—	3	—	5	—	4	—	6	1	4	—	1	—	—	—	62	1
32	—	54	—	37	—	40	—	42	—	27	—	23	—	16	—	458	—
61	—	78	—	60	—	106	—	77	—	45	—	36	—	7	—	784	—
30	2	36	—	54	—	82	1	21	1	16	1	9	2	20	2	402	14
132	1	87	1	94	5	233	13	221	8	168	8	200	11	94	1	1,630	57
356	4	507	10	570	6	742	11	680	10	334	3	405	3	142	1	5,490	78
87	1	148	—	99	—	123	—	127	—	60	—	38	—	55	—	1,193	1
5	—	7	2	10	1	23	5	16	1	4	—	4	2	3	—	92	11
224	—	759	—	100	—	308	—	462	—	308	—	244	—	176	—	3,956	1
15	—	42	—	36	—	49	1	76	—	25	—	15	—	24	1	395	2
62	—	131	—	113	—	102	—	149	—	101	—	37	—	51	—	1,085	—
192	—	306	—	215	—	439	—	339	—	179	—	63	—	72	—	3,146	—
1	—	3	1	3	—	9	1	2	—	1	—	2	—	—	—	26	4
4	2	9	4	7	1	61	10	17	7	29	12	4	1	3	7	170	60
212	2	379	3	443	3	451	3	712	2	188	2	199	—	126	1	4,108	28
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	10	—	8	—	19	—	16	—	2	—	3	—	3	—	90	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4,607	32	6,155	68	5,036	75	9,944	99	8,623	67	5,990	84	4,509	32	2,478	20	69,130	821

Ratio per 1,000

Military Districts.	Presidency.		Allahabad.		Oudh.		Rohilkhand.		Narbudda.		Bundelkhand.	
Average Strength.	2,660		2,623		5,062		3,371		1,370		2,405	
Diseases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
I.—GENERAL DISEASES.												
GROUP "A."												
Sub-Group I. Small-pox	—	—	—	—	—	—	—	—	—	—	·4	—
Other Eruptive Fevers	—	—	—	—	·6	—	1·2	—	—	—	·4	—
Enteric Fever	7·1	3·38	24·0	5·34	23·7	6·91	27·9	4·75	19·7	5·11	23·3	5·41
Other Continued Fevers	22·6	—	4·2	—	14·2	—	23·7	—	6·6	—	75·3	—
Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	·4	·38	12·2	10·67	32·6	22·13	·6	·30	—	—	—	—
Dysentery	53·0	1·50	49·6	1·14	26·5	1·19	25·2	·30	17·5	·73	27·0	·83
Other Diseases	—	—	8·8	—	10·7	—	4·2	—	—	—	3·7	—
Total	83·1	5·26	98·7	17·16	108·3	30·23	82·8	5·34	43·8	5·84	130·1	6·24
Sub-Group II.—Malarial Fevers	260·2	·38	374·8	·38	152·9	·40	121·0	·30	521·0	1·46	516·0	·42
Sub-Group III.—Septic Diseases	·4	—	·4	·38	·6	—	2·7	·59	—	—	1·7	—
Sub-Group IV. Syphilis, Primary	153·8	—	120·5	—	299·3	—	319·5	—	154·0	—	215·0	—
„ Secondary	65·8	·38	56·4	—	83·2	—	119·0	—	80·3	—	86·5	—
Gonorrhœa	188·7	—	255·4	—	201·9	—	236·1	—	193·4	—	276·9	—
Total	408·3	.38	432·3	—	584·4	—	674·6	—	427·7	—	578·4	—
Sub-Group V.—Hydrophobia, &c.	·4	·38	—	—	—	—	·3	·30	—	—	·4	·42
GROUP "B."												
Sub-Group I.—Parasitic Diseases	1·1	—	5·0	—	·4	—	·6	—	2·9	—	1·2	—
Sub-Group II. Scurvy	·4	—	—	—	—	—	—	—	—	—	1·2	—
Alcoholism	7·9	—	4·2	—	3·8	—	·6	—	5·1	—	5·8	—
GROUP "C."												
Debility, &c.	23·7	—	7·6	—	14·0	—	12·2	—	8·8	—	24·9	—
GROUP "D."												
Rheumatism	22·6	—	26·3	—	17.8	—	25·5	—	19·7	—	42·8	—
Tubercular Diseases	2·6	—	2·3	·38	4·7	·79	2·7	·89	2·2	—	2·9	·83
Other Diseases	4·5	—	6·1	·38	9·7	·20	3·6	·30	5·1	—	7·5	—
II.—LOCAL DISEASES.												
Diseases of the—												
1. Nervous System, Nervous Diseases	6·0	·75	9·5	·38	6·3	·40	6·2	·30	5·8	·73	8·3	·42
1. Nervous System, Mental „	1·5	—	3·4	—	3·0	—	·6	—	—	—	3·7	—
2. Eye	10·2	—	14·9	—	12·6	—	11·6	—	13·1	—	13·3	—
3 & 4. Other Organs of Special Senses	11·3	—	46·9	—	19·2	—	9·8	—	22·6	—	25·4	—
5. Circulatory System	5·6	·38	14·5	·38	10·1	·40	5·3	·30	8·8	—	12·5	·83
6. Respiratory „	18·8	·75	28·2	·76	29·4	·59	26·1	—	29·2	1·46	54·9	·42
7. Digestive „	97·0	3·38	148·7	1·52	112·4	1·78	121·0	1·48	94·2	2·19	148·0	1·66
8. Lymphatic and Glandular System	24·8	—	36·2	—	27·7	—	27·3	—	46·0	—	36·2	·42
9. Urinary System	1·5	—	·4	—	1·8	—	·9	—	2·2	—	2·1	—
10. Generative „	136·1	—	232·6	—	40·7	—	16·0	·30	104·4	—	93·1	—
11. Organs of Locomotion	9·4	—	7·2	—	8·5	—	5·3	—	5·8	—	6·2	—
12. Connective Tissue	18·8	—	24·4	—	25·7	—	17·5	—	26·3	—	25·8	—
13. Skin	56·0	—	158·6	—	98·8	—	52·5	—	71·5	—	79·8	—
III.—POISONS	·4	—	·4	·38	·2	·20	—	—	1·5	—	·4	—
IV.—INJURIES.												
1. General	1·1	—	4·2	·76	3·6	2·37	·6	—	1·5	1·46	1·7	·83
2. Local	63·4	·38	134·2	1·14	101·7	1·19	74·5	—	77·4	1·46	88·1	·83
3. In Action	—	—	—	—	—	—	—	—	—	—	—	—
No appreciable disease	—	—	3·0	—	1·4	—	·3	—	4·4	—	2·9	—
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—	—	—	—	—	—
General Total	1278·9	12·03	1825·0	24·02	1399·4	38·52	1302·0	10·09	1551·8	14·60	1915·6	13·31

of Mean Strength.

Meerut.		Sirhind.		Lahore.		Rawal Pindi.		Peshawar.		Quetta.		Marching.		Total.	
4,371		3,965		4,825		6,245		2,966		2,219		2,078		44,160	
Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
·9	—	·3	—	·2	—	·3	—	·7	—	—	—	—	—	·4	—
27·5	8·69	47·4	12·61	26·9	7·88	13·0	4·32	41·1	15·17	17·1	3·61	5·3	—	24·2	6·79
5·7	—	23·3	—	12·2	—	14·1	—	·3	—	55·4	—	9·6	—	18·6	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
·2	·23	·3	—	—	—	—	—	—	—	—	—	1·4	1·44	4·6	3·31
25·6	·69	25·0	·76	24·5	·41	13·5	·48	16·5	·67	20·7	·90	30·3	—	26·0	·72
9·6	·23	3·0	—	1·2	—	—	—	—	—	—	—	—	—	3·6	·02
69·5	9·84	99·4	13·37	65·1	8·29	40·8	4·80	58·7	15·85	93·3	4·51	46·7	1·44	77·6	10·85
435·6	·69	246·2	·25	911·5	1·04	437·0	·64	1169·9	2·70	911·7	—	292·1	—	473·7	·66
1·1	—	3·3	—	1·5	—	5·6	—	4·7	·34	9·5	·45	·5	—	2·6	·11
70·5	—	170·2	—	127·7	—	147·0	—	37·8	—	119·0	—	184·3	—	165·8	—
47·1	—	65·6	—	50·8	·21	52·5	—	48·9	—	98·7	·45	35·6	—	66·6	·07
148·9	—	147·0	—	230·1	—	163·8	·16	134·9	—	124·8	—	209·3	—	190·2	·02
266·5	—	382·8	—	408·5	·21	363·3	·16	221·5	—	342·5	·45	429·3	—	422·6	·09
—	—	—	—	—	—	—	—	·3	·34	—	—	—	—	·1	·09
4·3	—	9·6	—	4·6	—	2·2	—	7·4	—	3·6	—	1·0	—	3·4	—
·2	—	·3	—	·6	—	·2	—	—	—	—	—	—	—	·2	—
·9	—	3·3	—	2·5	—	9·8	—	4·7	—	4·1	—	1·0	—	4·3	—
11·7	—	12·6	—	38·3	—	8·3	—	17·5	—	33·8	—	5·8	—	16·8	—
20·4	—	33·3	—	30·7	—	29·6	—	20·6	—	40·1	—	23·6	·48	26·9	·02
2·1	—	2·8	1·01	4·8	·83	2·6	·16	—	—	·9	·45	·5	·48	2·7	·48
4·1	—	5·0	·25	7·9	—	3·8	—	6·7	·34	10·4	—	7·2	·48	6·2	·14
6·2	·23	4·0	—	6·6	·83	3·0	·16	4·7	—	4·1	—	3·8	·48	5·6	·34
·7	—	1·3	—	·8	—	1·0	·16	1·3	—	·5	—	—	—	1·4	·02
12·4	—	9·3	—	8·3	—	6·7	—	9·1	—	10·4	—	7·7	—	10·4	—
17·8	—	15·1	—	22·0	—	12·3	—	15·2	—	16·2	—	3·4	—	17·8	—
8·2	—	13·6	—	17·0	·21	3·4	·16	5·4	·34	4·1	·90	9·6	·96	9·1	·32
19·9	·23	23·7	1·26	48·3	2·69	35·4	1·28	56·6	2·70	90·1	4·96	45·2	·48	36·9	1·29
116·0	2·29	143·8	1·51	153·8	2·28	108·9	1·60	112·6	1·01	182·5	1·35	68·3	.48	124·3	1·77
33·9	—	25·0	—	25·5	—	20·3	—	20·2	—	17·1	—	26·5	—	27·0	·02
1·6	·46	2·5	·25	4·8	1·04	2·6	·16	1·3	—	1·8	·90	1·4	—	2·1	·25
173·6	—	25·2	—	63·8	—	74·0	—	103·8	—	110·0	—	84·7	—	89·6	·02
9·6	—	9·1	—	10·2	·21	12·2	—	8·4	—	6·8	—	11·5	·48	8·9	·05
30·0	—	28·5	—	21·1	—	23·9	—	34·1	—	16·7	—	24·5	—	24·6	—
70·0	—	54·2	—	91·0	—	54·3	—	60·4	—	28·4	—	34·6	—	71·2	—
·7	·23	·8	—	1·9	·21	·3	—	·3	—	·9	—	—	—	·6	·09
2·1	·92	1·8	·25	12·6	2·07	2·7	1·12	9·8	4.05	1·8	·45	1·4	3·37	3·8	1·36
86·7	·69	111·7	·76	93·5	·62	114·0	·32	63·4	·67	89·7	—	60·6	·48	93·0	·63
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2·3	—	2·0	—	3·9	—	2·6	—	·7	—	1·4	—	1·4	—	2·0	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1408·1	15·56	1270·1	18·92	2060·9	20·52	1380·8	10·73	2019·6	28·32	2032·0	14·42	1192·5	9·62	1565·4	18·59

ABSTRACT No. XVII.—**Table**, taken from the **Report** of the **Principal Medical Officer**, showing the **Admissions** and **Deaths** which took place at the **Chief Stations** in the **Bengal Command** during the year 1894.

Districts.	Stations.	Average Annual Strength.	Admitted into Hospital.	Died in the Command.	Ratio per 1,000 of Strength.		Ratio per 1,000 of Strength. 1884 to 1893.	
					Admissions.	Deaths.	Admissions.	Deaths.
PRESIDENCY	Fort William	1,108	1,212	6	1093·9	5·42	1457·5	12·28
	Fort Fulta	21	19	—	904·8	—	*934·4	16·39
	Fort Chingrikhall	23	43	—	1869·6	—	†1290·0	—
	Dum-Dum	763	944	13	1237·2	17·04	1670·3	14·36
	Barrackpore	327	776	10	2373·1	30·58	1925·5	14·09
	Darjeeling	366	357	3	975·4	8·20	1184·9	16·36
	Gnathong	52	51	—	980·8	—	‡1225·0	12·50
ALLAHABAD	Allahabad	994	1,608	21	1617·7	21·13	1765·3	21·39
	Fort Allahabad	224	334	5	1491·1	22·32	1630·7	15·62
	Dinapore	999	1,976	24	1978·0	24·02	1704·5	18·11
	Benares	406	809	13	2140·4	32·02	1716·1	20·87
OUDH	Lucknow	2,579	3,748	146	1453·3	56·61	1319·4	15·02
	" Military Prison	45	31	—	688·9	—	1385·5	8·81
	Cawnpore	904	1,159	28	1282·1	30·97	1505·4	21·10
	Sitapur	416	728	6	1750·0	14·42	1299·8	13·65
	Fyzabad	896	1,147	8	1280·1	8·93	1481·5	10·64
	Fatehgarh	222	271	7	1220·7	31·53	1662·5	17·13
ROHILKHAND	Bareilly	1,378	1,801	11	1307·0	7·98	1366·6	17·93
	Moradabad	90	182	—	2022·2	—	1889·9	14·68
	Shahjahanpur	417	621	11	1489·2	26·38	1630·6	12·52
	Ranikhet	1,008	1,268	9	1257·9	8·93	1166·1	12·43
	Chaubattia	283	275	1	971·7	3·53	1374·3	13·62
	Naini Tal	195	242	2	1241·0	10·26	1568·7	18·34
NARBUDDA	Jubbulpore	901	1,373	14	1523·9	15·54	1512·6	15·78
	Saugor	361	638	4	1767·3	11·08	1819·8	8·37
	Pachmarhi	108	115	2	1064·8	18·52	1722·7	16·92
BUNDELKHAND	Agra	1,199	1,715	17	1430·4	14·18	1609·2	16·37
	Jhansi	736	1,771	7	2406·3	9·51	2000·9	23·26
	Sipri	101	195	2	1930·7	19·80	§1898·8	15·56
	Nowgong	369	923	6	2509·5	16·26	1913·3	11·35
MEERUT	Meerut	1,901	2,783	40	1464·0	21·04	1775·3	16·07
	Muttra	558	902	4	1616·5	7·17	1805·9	20·83
	Delhi	308	718	10	2331·2	32·47	2934·7	19·78
	Roorkee	459	516	7	1124·2	15·25	1603·1	18·35
	Chakrata	992	1,063	3	1071·6	3·02	1207·0	12·14
	Landour	153	173	4	1130·7	26·14	1642·2	21·63
SIRHIND	Umballa	1,939	2,609	32	1345·5	16·50	1260·6	12·85
	Subathu	464	594	6	1280·2	12·93	1184·6	14·40
	Dagshai	745	754	22	1012·1	29·53	1100·4	10·68
	Jutogh	232	283	1	1219·8	4·31	1228·8	8·81
	Solon	224	270	4	1205·4	17·86	980·3	8·06
	Kasauli	361	526	10	1457·1	27·70	1671·0	14·54
LAHORE	Mian Mir	859	2,413	41	2809·1	47·73	2387·9	24·93
	Fort Lahore	97	317	4	3268·0	41·24	2681·7	43·10
	Ferozepore	1,105	2,674	21	2419·9	19·00	1778·7	14·41
	Jullundur	842	1,254	11	1489·3	13·06	1486·6	17·30
	Multan	916	1,625	2	1774·0	2·18	1666·1	13·55
	Amritsar	223	565	4	2533·6	17·94	2384·9	18·54
	Bhagsu	72	85	—	1180·6	—	1226·3	11·08
	Dalhousie	711	1,011	16	1421·9	22·50	1506·7	14·56

* 7 years (1884-85 and 1889-93).
† 3 years (1891-93).
‡ 4 years (1890-93).
§ 8 years (1886-93).

Districts.	Stations.	Average Annual Strength.	Admitted into Hospital.	Died in the Command.	Ratio per 1,000 of Strength.		Ratio per 1,000 of Strength, 1883 to 1894.	
					Admissions.	Deaths.	Admissions.	Deaths.
RAWAL PINDI	Rawal Pindi - -	2,744	4,597	25	1675·3	9·11	1375·4	17·39
	Fort Attock - -	162	264	5	1629·6	30·86	2537·0	23·19
	Sialkot - - -	1,158	1,274	9	1100·2	7·77	1639·7	15·88
	Campbellpore -	271	517	3	1907·7	11·07	1596·5	14·64
	Murree - - -	200	290	7	1450·0	35·00	1411·1	36·19
	Khyra Gali - -	63	25	—	396·8	—	1225·6	7·89
	Bara Gali - -	44	40	1	909·1	22·73	*1163·4	7·32
	Kalabagh - -	49	41	1	836·7	20·41	1293·2	12·05
	Kuldana - -	450	643	7	1428·9	15·56	1123·7	4·94
	Camp Gharial -	533	380	6	712·9	11·26	936·7	11·86
	„ Thobba -	291	258	2	886·6	6·87	†1268·4	9·74
	„ Topa - -	120	142	—	1183·3	—	1103·7	8·18
	„ Ghora Dhaka	160	152	1	950·0	6·25	‡686·7	5·46
PESHAWAR -	Peshawar - -	1,844	4,105	47	2226·1	25·49	1828·2	21·65
	Nowshera - -	671	1,180	27	1758·6	40·24	1624·6	13·14
	Cherat - - -	451	705	10	1563·2	22·17	1196·8	17·77
QUETTA - -	Quetta - - -	2,219	4,509	32	2032·0	14·42	§1488·8	12·69
MARCHING -	Troops on the march	2,078	2,478	20	1192·5	9·62	764·4	6·45

* 9 years (1884–90 and 1892–93).
† 9 years (1884 and 1886–93).
‡ 3 years (1889–90 and 1892)
§ 8 years (1836–93).

ABSTRACT No. XVIII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the STATIONS in the BENGAL COMMAND at which the ADMISSIONS and DEATHS from ENTERIC FEVER took place in each of the four quarters of the year 1894.

Districts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Presidency	Fort William	2	1	2	—	1	—	1		6	1
	Dum Dum		—	3	2	—	—	3	3	7	5
	Barrackpore	2	—	2	2	—	—	—		4	2
	Darjeeling		—	2	1	—	—	—		2	1
Allahabad	Allahabad		—	20	3	9	1	—		29	4
	Fort Allahabad		—	1	—	1	—	1		3	1
	Dinapore	1	—	2	—	3	1	3		9	1
	Benares			14	4	7	3	1		22	8
Oudh	Lucknow	6	2	23	9	9	8	9	2	67	21
	Cawnpore	2		13	2	6	2	2		23	4
	Sitapur			3	2	3		1		7	4
	Fyzabad	1		16	4	2		1		20	4
	Fatehgarh	1		1		1				3	2
Rohilkhand	Bareilly	5		11	2	7		7	4	40	6
	Moradabad			1		1		2		4	—
	Shahjahanpur	2		5		0	4	2		19	5
	Ranikhet			13		0	3	2		25	3
	Chaubattia			2			1			2	1
	Naini Tal	—		2	1	2				4	1

Districts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Narbudda -	Jubbulpore -	—	—	8	1	5	2	9	1	22	4
	Saugor - -	1	1	—	—	1	1	2	—	4	2
	Pachmarhi -	—	—	—	—	1	1	—	—	1	1
Bundelkhand	Agra - -	2	—	11	3	19	3	13	1	45	7
	Jhansi - -	—	—	3	1	4	2	—	—	7	3
	Nowgong -	1	—	3	3	—	—	—	—	4	3
Meerut -	Meerut -	11	2	26	11	21	6	20	8	78	27
	Muttra -	1	—	2	—	2	—	7	2	12	2
	Delhi - -	—	—	3	2	2	1	3	2	8	5
	Roorkee -	1	—	2	1	2	1	2	—	7	2
	Chakrata -	—	—	12	1	1	—	—	—	13	1
	Landour -	—	—	—	—	1	1	1	—	2	1
Sirhind -	Umballa -	7	4	19	3	30	9	12	4	68	20
	Subathu -	1	—	17	2	18	3	2	1	38	6
	Dagshai -	1	—	39	9	20	8	1	1	61	18
	Jutogh - -	—	—	1	1	3	—	—	—	4	1
	Solon - -	—	—	8	2	3	—	—	—	11	2
	Kasauli -	—	—	3	2	3	1	—	—	6	3
Lahore - -	Mian Mir -	2	1	55	11	2	1	1	1	60	14
	Fort Lahore -	—	—	—	—	1	1	—	—	1	1
	Ferozepore -	—	—	8	2	3	3	8	2	19	7
	Jullundur -	—	—	3	1	3	2	—	—	6	3
	Multan -	1	—	9	1	3	—	1	—	14	1
	Amritsar -	—	—	1	1	1	—	1	—	3	1
	Bhagsu -	—	—	1	—	—	—	—	—	1	—
	Dalhousie -	—	—	23	8	2	3	1	—	26	11

Districts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Rawal Pindi -	Rawal Pindi -	6	—	9	3	3	—	17	5	35	8
	Fort Attock -	—	—	1	1	—	—	—	—	1	1
	Sialkot - -	—	—	14	4	5	—	3	2	22	6
	Campbellpore	—	—	4	2	—	—	1	—	5	2
	Bara Gali -	—	—	6	1	—	—	—	—	6	1
	Kalabagh -	—	—	—	—	—	—	—	—	—	—
	Kuldana -	—	—	3	3	—	—	—	—	3	3
	Camp Gharial	—	—	3	—	2	5	—	—	5	5
	„ Thobba	—	—	1	—	—	—	—	—	1	—
	„ Topa -	—	—	1	—	—	—	—	—	1	—
	„ Ghora Dhaka.	—	—	2	1	—	—	—	—	2	1
Peshawar -	Peshawar -	1	—	22	6	25	14	3	2	51	22
	Nowshera -	—	—	38	12	—	1	1	1	39	14
	Cherat - -	—	—	17	4	15	5	—	—	32	9
Quetta -	Quetta - -	1	—	12	1	17	5	8	2	38	8
Marching -	Troops on the March.	1	—	4	—	—	—	6	—	11	—
	Total -	61	12	530	137	300	104	178	47	1069	300

ABSTRACT No. XIX.—Table, taken from the Report of the Principal Medical Officer, showing the Stations in the Bengal Command at which the Admissions and Deaths from Cholera took place in each of the four quarters of the year 1894.

Districts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Presidency -	Dum Dum -	—	—	—	—	1	1	—	—	1	1
Allahabad -	Allahabad -	1	1	—	—	10	9	—	—	11	10
	Fort Allahabad	—	—	—	—	1	1	—	—	1	1
	Dinapore -	—	—	—	—	19	16	—	—	19	16
	Benares -	—	—	—	—	1	1	—	—	1	1
Oudh - -	Lucknow -	—	—	—	—	144	97	—	—	144	97
	Cawnpore -	—	—	7	5	12	8	—	—	19	13
	Sitapur -	—	—	—	—	1	1	—	—	1	1
	Fatehgarh -	—	—	—	—	1	1	—	—	1	1
Rohilkhand -	Moradabad -	—	—	1	—	—	—	—	—	1	—
	Shahjahaupur	—	—	—	—	—	—	1	1	1	1
Meerut -	Roorkee -	—	—	—	—	1	1	—	—	1	1
Sirhind -	Umballa -	—	—	—	—	1	—	—	—	1	—
Marching -	Troops on the March.	—	—	—	—	—	—	3	3	3	3
	Total -	1	1	8	5	192	136	4	4	205	146

ABSTRACT No. XXII.—Table showing the Average Strength, Admis- among the Troops stationed in the Madras Command during the Year 1894,

Average Strength 13,407.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number Constantly Sick.
I.—GENERAL DISEASES.							
Group "A."							
Sub-Group I. Small-pox	1	—	—	—	—	—	·19
Other Eruptive Fevers	5	—	—	—	—	—	·39
Enteric Fever	138	39	—	39	3	—	22·83
Other Continued Fevers	360	—	—	—	—	—	13·12
Yellow Fever	—	—	—	—	—	—	—
Cholera	1	1	—	1	—	—	·01
Dysentery	444	7	—	7	19	4	32·55
Other Diseases	105	1	—	1	—	—	4·59
Total	1,054	48	—	48	22	4	73·68
Sub-Group II.—Malarial Fevers	2,637	7	—	7	15	4	97·73
Sub-Group III.—Septic Diseases	11	—	—	—	—	—	·38
Sub-Group IV. Syphilis, Primary	2,629	—	—	—	—	—	232·17
„ Secondary	1,359	1	1	2	104	37	142·59
Gonorrhœa	2,251	—	—	—	6	3	180·35
Total	6,239	1	1	2	110	40	555·11
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
Group "B."							
Sub-Group I.—Parasitic Diseases	22	—	—	—	—	—	·90
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Alcoholism, &c.	64	1	—	1	—	—	2·56
Group "C."							
Debility, &c.	174	—	—	—	22	11	13·68
Group "D."							
Rheumatism	362	1	—	1	16	4	28·44
Tubercular Diseases	39	4	4	8	27	21	12·62
Other Diseases	179	1	—	1	27	10	14·60
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System Nervous Diseases	92	1	—	1	12	10	7·01
Mental „	17	—	—	—	20	22	6·27
2. Eye	147	—	—	—	3	4	7·58
3 & 4. Other Organs of Special Senses	144	—	—	—	9	12	7·57
5. Circulatory System	63	6	1	7	21	30	6·00
6. Respiratory „	357	6	—	6	7	2	21·56
7. Digestive „	1,304	20	6	26	28	7	68·53
8. Lymphatic and Glandular System	445	—	—	—	4	3	53·00
9. Urinary System	26	4	—	4	2	1	2·40
10. Generative „	852	—	—	—	7	3	71·31
11. Organs of Locomotion	110	1	—	1	8	10	7·68
12. Connective Tissue	359	—	—	—	5	—	21·67
13. Skin	843	—	—	—	2	—	36·99
III.—POISONS	8	2	—	2	—	—	·05
IV.—INJURIES.							
1. General	41	13	—	13	4	1	2·98
2. Local	1,413	11	—	11	16	6	67·04
3. In Action	4	—	—	—	—	—	·26
No appreciable disease	51	—	—	—	—	—	1·77
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	17,057	127	12	139	387	205	1189·37
*Average of 10 years 1884–93	—	—	—	—	—	—	—

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† The average ratios for 10 years will be given in future years. The average ratios years 1886 to 1895 in

SIONS into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY SICK with the Ratios per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
·1	—	—	—	·01	·5	·08	—	—	·05
·4	—	—	—	·03	2·0	—	—	—	·08
10·3	2·91	·22	—	1·70	11·4	3·33	·16	·02	1·42
26·8	—	—	—	·98	68·5	·06	·10	·01	3·18
—	—	—	—	—	—	—	—	—	—
·1	·07	—	—	—	1·3	·90	—	—	·02
33·1	·52	1·42	·30	2·43	49·6	1·14	2·16	·30	3·70
7·8	·07	—	—	·34	10·3	·04	—	—	·32
78·6	3·58	1·64	·30	5·49	143·6	5·64	2·42	·33	8·77
196·7	·52	1·12	·30	7·29	216·8	1·05	1·12	·22	7·54
·8	—	—	—	·03	·6	·07	—	—	·04
196·1	—	—	—	17·32	119·7	—	·01	—	10·52
101·4	·15	7·76	2·76	10·63	60·8	·15	4·96	1·47	6·85
167·9	—	·45	·22	13·45	146·6	—	·09	·01	10·80
465·4	·15	8·21	2·98	41·40	327·1	·15	5·06	1·48	28·17
—	—	—	—	—	—	·01	—	—	—
1·6	—	—	—	·07	3·3	—	·01	—	·09
—	—	—	—	—	·1	—	—	—	·01
4·8	·07	—	—	·19	9·4	·05	·03	·01	·30
13·0	—	1·64	·82	1·02	29·3	·10	3·30	1·53	1·91
27·0	·07	1·19	·30	2·12	32·8	·06	1·11	·40	2·32
2·9	·60	2·01	1·56	·94	3·0	·71	1·16	·91	·59
13·3	·07	2·01	·75	1·09	11·3	·14	·86	·28	·83
6·8	·07	·90	·75	·52	10·1	·40	1·16	·92	·65
1·3	—	1·49	1·64	·47	1·8	·06	1·46	1·52	·55
11·0	—	·22	·30	·57	13·0	—	·48	·53	·71
10·7	—	·67	·90	·57	13·3	—	·73	·61	·69
4·7	·52	1·57	2·24	·45	8·0	·40	2·41	1·68	·85
26·6	·45	·52	·15	1·61	26·5	·72	·83	·32	1·53
97·3	1·94	2·08	·52	5·11	132·2	2·35	2·63	·84	6·21
33·2	—	·30	·22	3·95	50·2	·02	·57	·20	6·05
1·9	·30	·15	·07	·18	2·8	·14	·38	·20	·26
63·6	—	·52	·22	5·30	84·9	·03	·40	·27	5·73
8·2	·07	·60	·75	·57	6·6	·01	·75	·55	·50
26·8	—	·37	—	1·61	20·0	—	·18	·06	1·04
62·9	—	·15	—	2·75	70·2	·01	·13	·09	2·91
·6	·15	—	—	—	·6	·06	—	—	·02
3·0	·97	·30	·07	·26	2·2	1·68	·10	·03	·11
105·4	·82	1·20	·45	5·00	107·6	·67	·90	·68	4·80
·3	—	—	—	·02	·2	·15	·10	·20	·04
3·8	—	—	—	·13	1·9	—	—	—	·08
—	—	—	—	—	—	—	—	—	—
1272·2	10·37	28·86	15·29	88·71	1329·4	14·68	28·37	13·86	83·30
1296·3	13·81	28·36	13·91	79·74	—	—	—	—	—

for the nine years 1886 to 1894 will be given in the Report for 1895; those for the ten that for 1896, &c., &c.

ABSTRACT No. XXIII.—Table, taken from the Report of the Principal Medica in each of the Military Districts in the Madra

Military Districts.	Madras District.		Southern District.		Bangalore and Belgaum District.		Secunderabad District.		Rangoon District.		Mandalay District.		Depôts.		On the March.		Total.	
Average Strength	904		350		3,990		2,931		2,029		1,910		1,188		105		13,407	
Diseases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
I.—GENERAL DISEASES.																		
Group "A."																		
Sub-Group I. Small-pox	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Sub-Group I. Other Eruptive Fevers	1	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	5	—
Sub-Group I. Enteric Fever	10	2	4	1	41	12	61	15	8	4	9	2	5	3	—	—	138	
Sub-Group I. Other Continued Fevers	95	—	10	—	108	—	22	—	101	—	5	—	6	—	13	—	360	—
Sub-Group I. Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sub-Group I. Cholera	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	
Sub-Group I. Dysentery	42	1	8	2	72	—	104	2	119	2	53	—	44	—	2	—	444	
Sub-Group I. Other Diseases	84	1	—	—	2	—	—	—	5	—	1	—	13	—	—	—	105	
Total	232	4	22	3	226	12	189	17	234	7	68	2	68	3	15	—	1,054	
Sub-Group II.—Malarial Fevers	121	1	8	—	348	—	613	—	737	3	634	3	172	—	4	—	2,637	
Sub-Group III.—Septic Diseases	—	—	—	—	—	—	3	—	—	—	2	—	6	—	—	—	11	—
Sub-Group IV. Syphilis, Primary	136	—	38	—	847	—	783	—	365	—	260	—	184	—	16	—	2,629	—
Sub-Group IV. " Secondary	106	—	21	—	516	—	228	—	181	—	134	—	165	—	8	1	1,359	1
Sub-Group IV. Gonorrhœa	183	—	78	—	594	—	489	—	324	—	387	—	183	—	13	—	2,251	—
Total	425	—	137	—	1,957	—	1,500	—	870	—	781	—	532	—	37	1	6,239	1
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Group "B."																		
Sub-Group I.—Parasitic Diseases	4	—	1	—	4	—	4	—	3	—	5	—	—	—	—	—	21	—
Sub-Group II. Scurvy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sub-Group II. Alcoholism	12	—	3	—	18	—	16	—	10	—	3	1	2	—	—	—	64	1
Group "C."																		
Debility, &c.	22	—	4	—	27	—	5	—	47	—	60	—	8	—	1	—	174	—
Group "D."																		
Rheumatism	18	—	5	—	64	1	81	—	73	—	64	—	55	—	2	—	362	1
Tubercular Diseases	3	—	1	—	10	1	9	1	7	—	2	—	7	2	—	—	39	4
Other Diseases	12	—	10	—	25	—	65	1	42	—	6	—	20	—	—	—	180	1
II.—LOCAL DISEASES.																		
Diseases of the—																		
1. Nervous System { Nervous Diseases	9	—	2	—	24	1	20	—	15	—	13	—	9	—	—	—	92	1
1. Nervous System { Mental "	2	—	—	—	2	—	2	—	8	—	2	—	1	—	—	—	17	—
2. Eye	8	—	3	—	54	—	38	—	11	—	19	—	14	—	—	—	147	—
3 & 4. Other Organs of Special Senses.	31	—	2	—	27	—	13	—	35	—	30	—	6	—	—	—	144	—
5. Circulatory System	1	—	2	2	20	2	18	2	7	—	10	—	5	—	—	—	63	
6. Respiratory "	31	1	4	—	85	3	102	—	65	1	32	—	35	1	3	—	357	
7. Digestive "	110	3	47	1	340	3	285	3	177	7	214	1	123	2	8	—	1,304	
8. Lymphatic and Glandular System.	22	—	28	—	154	—	132	—	46	—	41	—	20	—	2	—	445	—
9. Urinary System	1	—	—	—	5	—	6	2	6	1	4	—	4	1	—	—	26	
10. Generative "	67	—	20	—	147	—	90	—	155	—	349	—	24	—	—	—	852	—
11. Organs of Locomotion	5	—	8	—	48	—	9	—	17	1	12	—	7	—	4	—	110	1
2. Connective Tissues	25	—	18	—	85	—	82	—	45	—	63	—	30	—	11	—	359	—
13. Skin	82	—	41	—	170	—	151	—	160	—	168	—	55	—	16	—	843	—
III.—POISONS	—	—	1	—	3	1	1	1	—	—	—	—	1	—	—	—	8	
IV.—INJURIES.																		
1. General	7	2	1	1	5	2	8	2	7	4	6	—	6	2	1	—	41	
2. Local	77	—	34	—	370	4	325	—	200	4	196	3	190	—	21	—	1,413	
3. In Action	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	—
No appreciable disease	1	—	2	—	4	—	4	—	10	—	1	—	29	—	—	—	51	—
Cause unknown (refers to deaths only).	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Total	1,328	11	404	7	4,224	30	3,771	29	2,987	28	2,785	10	1,429	11	129	1	17,057	

ER, showing the PREVALENCE and MORTALITY of the different Classes of DISEASES AND, for the Year 1894, with the Ratios per 1,000 of the Strength.

ras ict.	Southern District.		Bangalore and Belgaum District.		Secunderabad District.		Rangoon District.		Mandalay District.		Depôts.		On the March.		Total.	
Ratio per 1,000 of Mean Strength.																
Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
—	—	—	·3	—	—	—	—	—	—	—	—	—	—	—	·1	—
—	—	—	·5	—	·7	—	—	—	—	—	—	—	—	—	·4	—
2·21	11·4	2·86	10·3	3·01	20·8	5·12	3·9	1·97	4·7	1·05	4·2	2·53	—	—	10·3	2·91
—	28·6	—	27·1	—	7·5	—	49·8	—	2·6	—	5·1	—	123·8	—	26·8	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	·5	·49	—	—	—	—	—	—	·1	·07
1·11	22·9	5·71	18·0	—	35·5	·68	58·7	·99	27·8	—	37·0	—	19·1	—	33·1	·52
1·11	—	—	0·5	—	—	—	2·4	—	·5	—	10·9	—	—	—	7·8	·07
4·42	62·9	8·57	56·7	3·01	64·5	5·80	115·3	3·45	35·6	1·05	57·2	2·53	142·9	—	78·6	3·58
1·11	22·8	—	87·2	—	209·1	—	363·2	1·48	331·9	1·57	144·8	—	38·1	—	196·7	·52
—	—	—	—	—	1·0	—	—	—	1·1	—	5·1	—	—	—	·8	—
—	108·6	—	212·3	—	267·1	—	179·9	—	136·1	—	154·9	—	152·4	—	196·1	—
—	60·0	—	129·3	—	77·8	—	89·2	—	70·2	—	138·9	—	76·2	9·52	101·4	·07
—	222·8	—	148·9	—	166·8	—	159·6	—	202·6	—	154·0	—	123·8	—	167·9	—
—	391·4	—	490·5	—	311·7	—	428·7	—	408·9	—	447·8	—	352·4	9·52	465·4	·07
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2·9	—	1·0	—	1·4	—	1·5	—	2·6	—	—	—	—	—	1·6	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	8·6	—	4·5	—	5·5	—	4·9	—	1·6	·52	1·7	—	—	—	4·8	·07
—	11·4	—	6·8	—	1·7	—	23·1	—	31·4	—	6·7	—	9·5	—	13·0	—
—	14·3	—	16·0	·25	27·6	—	36·0	—	33·5	—	46·3	—	19·0	—	27·0	·07
—	2·9	—	2·5	·25	3·1	·34	3·5	—	1·1	—	5·9	1·68	—	—	2·9	·30
—	28·6	—	6·3	—	22·2	·34	20·7	—	3·1	—	16·8	—	—	—	13·3	·07
—	5·7	—	6·0	·25	6·8	—	7·4	—	6·8	—	7·5	—	—	—	6·8	·07
—	—	—	·5	—	·7	—	3·9	—	1·1	—	·8	—	—	—	1·3	—
—	8·6	—	13·5	—	12·9	—	5·4	—	9·9	—	11·8	—	—	—	11·0	—
—	5·7	—	6·7	—	4·4	—	17·3	—	15·7	—	5·1	—	—	—	10·7	—
—	5·7	5·71	5·0	·50	6·2	·68	3·5	—	5·2	—	4·2	—	—	—	4·7	·45
1·11	11·4	—	21·3	·75	34·8	—	32·0	·49	16·8	—	29·5	·84	28·6	—	26·6	·45
3·32	134·4	2·86	85·2	·75	27·2	1·02	87·2	3·45	112·0	·52	103·5	1·68	76·2	—	97·3	1·49
—	80·0	—	38·6	—	45·1	—	22·7	—	21·5	—	16·8	—	19·0	—	33·2	—
—	—	—	1·3	—	2·1	·68	3·0	·49	2·1	—	3·4	·84	—	—	1·9	·30
—	57·2	—	36·8	—	30·7	—	76·4	—	182·7	—	20·2	—	—	—	63·6	—
—	22·8	—	12·0	—	3·1	—	8·4	·49	6·3	—	3·9	—	38·1	—	8·2	·07
—	51·4	—	21·3	—	28·0	—	22·2	—	33·0	—	25·3	—	104·8	—	26·8	—
—	117·1	—	42·6	—	51·5	—	78·9	—	88·0	—	46·3	—	152·4	—	62·9	—
—	2·9	—	1·3	·25	·3	·34	—	—	—	—	·8	—	—	—	0·6	·15
2·21	2·9	2·86	1·3	·50	2·7	·68	3·5	1·97	3·1	—	5·1	1·68	9·5	—	3·0	·97
—	97·1	—	92·7	1·01	110·9	—	98·6	1·97	102·6	1·57	159·9	—	200·0	—	105·4	·82
—	—	—	—	—	—	—	—	—	—	—	—	—	38·1	—	·3	—
—	5·7	—	1·0	—	1·4	—	4·9	—	·5	—	24·4	—	—	—	3·8	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12·17	1154·3	20·00	1058·6	7·52	1286·6	9·89	1472·2	13·80	1458·1	5·23	1202·8	9·26	1228·6	9·52	1272·2	9·47

ABSTRACT No. XXIV.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the AVERAGE STRENGTH, AVERAGE CONSTANTLY SICK, ADMISSIONS, DEATHS, and INVALIDS at the different STATIONS and DISTRICTS in the MADRAS COMMAND, for the Year 1894.

Districts.	Stations.	Average Strength.	Average constantly Sick.	Admitted.	Died in and out of Hospital.	Invalided.	Ratio per 1,000 of Strength.					
							Average constantly Sick.	Admitted.	Died in and out of Hospital.	Invalided.	Average of previous Period of 10 Years.	
											Admitted.	Died.
Madras District	Madras and Pallaveram.	578	52	820	7	21	89·97	1418·7	12·11	36·33	1418·6	16·71
	St. Thomas' Mount	326	28	508	4	7	85·89	1558·3	12·27	21·47	1520·4	11·82
	Total	904	80	1,328	11	28	88·49	1469·0	12·17	30·97	—	—
Southern District	Cannanore	105	7	112	3	—	66·66	1066·6	28·57	—	1165·1	8·14
	Calicut	100	8	108	2	—	80·00	1080·0	20·00	—	1195·2	12·56
	Malapuram	145	10	184	2	—	68·96	1268·9	13·79	—	1326·9	13·25
	Total	350	25	404	7	—	71·43	1154·3	20·00	—	—	—
Belgaum and Bangalore District	Bangalore	2,114	168	2,089	18	58	79·47	988·2	8·51	27·43	1082·6	7·35
	Bellary	661	48	705	4	10	72·62	1066·5	6·05	15·13	1412·8	8·61
	Belgaum	1,178	111	1,383	8	18	94·23	1174·0	6·79	15·27	1004·7*	5·12
	Ramandroog	37	2	47	—	—	54·05	1270·3	—	—	870·5†	—
	Total	3,990	329	4,224	30	86	82·45	1058·6	7·52	21·55	—	—
Secunderabad District	Secunderabad	2,931	290	3,771	29	81	98·94	1286·6	9·89	27·63	1124·2	12·90
Rangoon District	Rangoon	992	106	1,590	19	60	106·85	1602·8	19·15	60·48	1367·7	15·40
	Thayetmyo	558	42	717	7	—	75·27	1284·9	12·55	—	1533·2	14·22
	Meiktila	338	31	525	2	—	91·71	1553·2	5·91	—	1627·0	14·44
	Port Blair	141	5	155	—	—	35·46	1099·3	—	—	1007·1	8·51
	Total	2,029	184	2,987	28	60	90·68	1472·1	13·80	29·57	—	—

* Nine years, 1885 to 1893.

† Six years, 1885–6 and 1890–93.

ABSTRACT No. XXIV.—*continued.*

Districts.	Stations.	Average Strength.	Average constantly Sick.	Admitted.	Died in and out of Hospital.	Invalided.	Ratio per 1,000 of Strength.					
							Average constantly Sick.	Admitted.	Died in and out of Hospital.	Invalided.	Average of previous Period of 10 Years. Admitted.	Average of previous Period of 10 Years. Died.
Mandalay District -	Mandalay - -	995	117	1,506	6	32	117·59	1513·6	6·03	32·16	1881·4*	22·81
	Bhamo - -	264	16	378	1	2	60·60	1431·8	3·79	7·58	2422·9*	26·61
	Shwebo - -	485	43	750	2	28	88·66	1546·4	4·12	57·73	1603·5*	13·11
	Bernardmyo -	166	8	151	1	1	48·19	909·6	6·02	6·02	1257·8*	19·70
	Total -	1,910	184	2,785	10	63	96·33	1458·1	5·23	32·98	—	—
Depôts - -	Poonamallee -	78	18	116	5	24	230·77	1487·2	64·10	307·69	2238·7	44·46
	Wellington† -	1,110	77	1,313	6	45	69·37	1182·9	5·41	40·54	1360·1	10·06
	Total -	1,188	95	1,429	11	69	79·97	1202·8	9·26	58·08	—	—
Marching - -	On the March -	105	2	129	1	—	19·04	1228·6	9·52	—	1380·7	50·07

* Six years, 1888 to 1893.

† Including the Regiment.

ABSTRACT No. XXV.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the STATIONS in the MADRAS COMMAND at which the ADMISSIONS and DEATHS from ENTERIC FEVER took place in each of the four quarters of the Year 1894.

Districts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Madras District	Madras -	1	—	—	—	3	1	4	1	8	2
	St. Thomas' Mount.	—	—	1	—	—	—	1	—	2	—
Southern District -	Wellington -	1	—	3	2	1	1	—	—	5	3
	Calicut -	—	—	—	—	1	1	1	—	2	1
	Malapuram	—	—	1	—	1	—	—	—	2	—
Belgaum and Bangalore Districts -	Bangalore -	2	1	12	5	20	3	5	2	39	11
	Belgaum -	—	—	1	1	1	—	—	—	2	1
Secunderabad District.	Secunderabad	8	4	7	2	30	5	16	4	61	15
Rangoon District -	Rangoon -	—	—	—	—	2	1	1	—	3	1
	Thayetmyo -	—	—	—	—	2	2	—	—	2	2
	Meiktila -	—	—	2	1	—	—	1	—	3	1
Mandalay District -	Mandalay -	—	—	—	—	6	2	2	—	8	2
	Bhamo -	—	—	—	—	—	—	1	—	1	—
	Total -	12	5	27	11	67	16	32	7	138	39

ABSTRACT No. XXVI.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the STATIONS in the MADRAS COMMAND at which the ADMISSIONS and DEATHS from CHOLERA took place in each of the four quarters of the Year 1894.

Districts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Rangoon District	Meiktila -	—	—	—	—	1	1	—	—	1	1

ABSTRACT No. XXVII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the prevalence of DYSENTERY, DIARRHŒA, and HEPATITIS in each of the DISTRICTS in the MADRAS COMMAND for 1894.

Districts.	Madras District.		Southern District.		Belgaum and Bangalore Districts.		Secundera-bad District.		Rangoon District.		Mandalay District.		On the March.		Total.	
Strength.	982		1,460		3,990		2,931		2,029		1,910		105		13,407	
Diseases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Dysentery - - - - - -	57	1	37	2	72	—	104	2	119	2	53	—	2	—	444	7
Diarrhœa - - - - - -	6	—	4	—	7	—	14	—	4	—	8	—	5	—	48	—
Hepatitis and Abscess of Liver - -	24	3	8	1	20	2	28	2	17	5	21	—	—	—	118	13
Total - - - - -	87	4	49	3	99	2	146	4	140	7	82	—	7	—	610	20
Ratio per 1,000 of Strength.																
Dysentery - - - - -	58·0	1·02	25·3	1·37	18·0	—	35·5	·68	58·6	·98	27·7	—	19·1	—	33·1	·52
Diarrhœa - - - - - -	6·1	—	2·7	—	1·8	—	4·8	—	2·0	—	4·2	—	47·6	—	3·6	—
Hepatitis and Abscess of Liver - -	24·4	3·05	5·5	0·68	5·0	·50	9·5	·68	8·4	2·46	11·0	—	—	—	8·8	·97
Total - - - - -	88·5	4·07	33·5	2·05	24·8	·50	49·8	1·36	69·0	3·44	42·9	—	66·7	—	45·5	1·49

ABSTRACT No. XXVIII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the PREVALENCE and MORTALITY in the MADRAS COMMAND, due to DYSENTERY, DIARRHŒA, and HEPATITIS, in each Quarter of the Year 1894.

—	Strength.	Dysentery.				Diarrhœa.				Hepatitis (including Abscess of Liver).				Total.			
		Number.		Ratio per 1,000 of Strength.		Number.		Ratio per 1,000 of Strength.		Number.		Ratio per 1,000 of Strength.		Number.		Ratio per 1,000 of Strength.	
		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
1st Quarter -	12,953	90	1	7·0	·07	7	—	0·5	—	35	4	2·7	·31	132	5	10·2	·38
2nd „ -	13,496	102	2	7·6	·15	8	—	0·6	—	18	2	1·3	·15	128	4	9·5	·30
3rd „ -	13,700	150	2	11·0	·14	17	—	1·2	—	33	4	2·4	·29	200	6	14·6	·43
4th „ -	13,478	102	2	7·5	·15	16	—	1·2	—	32	3	2·4	·22	150	5	11·1	·37
Total for the Year	13,407	444	7	33·1	·52	48	—	3·6	—	118	13	8·8	·97	610	20	45·5	1·49

ABSTRACT No. XXIX.—Table showing the Average Strength, Admis-
among the Troops stationed in the Bombay Command during the Year 1894,

Average Strength, 13,416.	Admissions into Hospital.	Deaths.			Invalids.		Average Number constantly Sick.
Diseases.		In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	
I.—GENERAL DISEASES.							
Group "A."							
Sub-Group I. Small-pox	11	3	—	3	—	—	1·42
Sub-Group I. Other Eruptive Fevers	46	—	—	—	2	—	1·86
Sub-Group I. Enteric Fever	277	69	—	69	7	—	35·60
Sub-Group I. Other Continued Fevers	262	1	—	1	1	—	10·05
Sub-Group I. Yellow Fever	—	—	—	—	—	—	—
Sub-Group I. Cholera	3	2	—	2	—	—	·03
Sub-Group I. Dysentery	296	4	—	4	3	—	13·41
Sub-Group I. Other Diseases	4	2	—	2	—	—	·06
Total	899	81	—	81	13	—	62·43
Sub-Group II.—Malarial Fevers	6,284	4	—	4	77	15	183·22
Sub-Group III.—Septic Diseases	7	—	—	—	—	—	·51
Sub-Group IV. Syphilis, Primary	2,345	—	—	—	1	—	198·96
Sub-Group IV. " Secondary	1,000	1	1	2	38	19	85·86
Sub-Group IV. Gonorrhœa	2,750	—	—	—	9	2	195·81
Total	6,095	1	1	2	48	21	480·63
Sub-Group V.—Hydrophobia, &c.	1	1	—	1	—	—	·01
Group "B."							
Sub-Group I.—Parasitic Diseases	32	—	—	—	—	—	·71
Sub-Group II. Scurvy	3	—	—	—	—	—	·08
Sub-Group II. Alcoholism	43	—	—	—	—	—	1·42
Group "C."							
Debility, &c.	370	—	—	—	50	21	21·76
Group "D."							
Rheumatism	305	—	—	—	10	5	20·53
Tubercular Diseases	72	8	8	16	17	7	7·60
Other Diseases	109	2	—	2	9	3	7·59
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System, Nervous Diseases	121	5	—	5	15	9	7·24
1. Nervous System, Mental "	25	—	—	—	23	29	6·44
2. Eye	152	—	—	—	6	6	10·77
3 & 4. Other Organs of Special Senses	168	1	—	1	9	6	7·97
5. Circulatory System	176	12	1	13	26	17	10·41
6. Respiratory "	392	6	3	9	6	2	20·70
7. Digestive "	1,402	29	—	29	28	4	58·28
8. Lymphatic and Glandular System	348	1	—	1	1	3	32·99
9. Urinary System	33	3	1	4	7	2	2·95
10. Generative "	1,366	1	—	1	2	—	93·82
11. Organs of Locomotion	119	—	—	—	3	5	8·77
12. Connective Tissue	271	—	—	—	—	—	11·18
13. Skin	756	—	—	—	2	2	30·44
III.—POISONS	12	1	—	1	2	—	·43
IV.—INJURIES.							
1. General	39	24	1	25	1	1	1·56
2. Local	1,158	13	—	13	10	8	46·87
3. In Action	—	—	—	—	—	—	—
No appreciable disease	22	—	—	—	—	—	·79
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	20,780	193	15	208	365	164	1138·10
* Average of 10 years, 1884–93	—	—	—	—	—	—	—

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† The average ratios for 10 years will be given in future years. The average ratios for the nine
in that for

sions into Hospital, Deaths, Numbers Invalided and Constantly Sick with the Ratios per 1,000 of the Strength and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
·8	·22	—	—	·11	1·1	·09	—	—	·08
3·4	—	·15	—	·14	1·2	·01	—	—	·07
20·7	5·14	·52	—	2·65	14·0	4·22	·11	·01	1·83
19·5	·07	·07	—	·75	72·1	·08	·03	—	2·88
—	—	—	—	—	—	—	—	—	—
·2	·15	—	—	—	1·6	1·13	—	—	·03
22·1	·30	·22	—	1·00	21·2	·62	·74	·16	1·30
·3	·15	—	—	—	4·0	·02	—	—	·10
67·0	6·04	·97	—	4·65	115·2	6·17	·88	·17	6·29
468·4	·30	5·74	1·12	13·66	371·3	·40	1·68	·19	10·78
·5	—	—	—	·04	1·0	·07	·01	·01	·05
174·8	—	·07	—	14·83	133·3	—	·02	—	10·38
74·5	·15	2·83	1·42	6·40	46·6	·05	1·91	·87	3·95
205·0	—	·67	·15	14·60	168·2	—	·16	·06	11·46
454·3	·15	3·58	1·57	35·83	348·1	·05	2·09	·93	25·79
·1	·07	—	—	—	—	·02	—	—	—
2·4	—	—	—	·05	4·0	·01	·03	—	·13
·2	—	—	—	·01	·1	—	·04	—	·06
3·2	—	—	—	·11	6·9	·15	·01	—	·18
27·6	—	3·73	1·57	1·62	32·8	·02	4·98	1·66	1·87
22·7	—	·75	·37	1·53	25·5	·09	·94	·32	1·59
5·4	1·19	1·27	·52	·57	4·1	·85	1·44	·98	·55
8·1	·15	·67	·22	·57	13·4	·15	·73	·20	·81
9·0	·37	1·12	·67	·54	10·1	·32	1·23	·86	·63
1·9	—	1·71	2·16	·48	3·1	·01	1·21	1·40	·37
11·3	—	·45	·45	·80	14·3	—	·81	·69	·90
12·5	·07	·67	·45	·59	14·6	—	1·12	·79	·76
13·1	·97	1·94	1·27	·78	12·7	·30	2·78	2·17	1·09
29·2	·67	·45	·15	1·54	27·2	·68	·84	·47	1·54
104·5	2·16	2·09	·30	4·34	123·5	1·49	2·15	·70	4·85
25·9	·07	·07	·22	2·46	30·4	·02	·25	·15	3·07
2·5	·30	·52	·15	·22	2·1	·16	·41	·24	·22
101·8	·07	·15	—	6·99	62·4	·02	·29	·20	3·62
8·9	—	·22	·22	·65	7·0	·02	·70	·53	·53
20·2	—	—	—	·83	18·7	·01	·06	·01	·80
56·4	—	·15	·15	2·27	67·8	—	·21	·02	2·79
·9	·07	·15	—	·03	·8	·07	—	—	·02
2·9	1·86	·07	·07	·12	2·7	1·37	·13	·05	·12
86·3	·97	·75	·59	3·49	103·1	·67	1·03	·67	4·41
—	—	—	—	—	—	—	—	·08	—
1·7	—	—	—	·06	1·5	—	—	—	·07
—	—	—	—	—	—	—	—	—	—
1548·9	15·50	27·21	12·22	84·83	1424·4	13·14	26·05	13·50	73·90
1427·0	14·84	26·82	13·05	72·38	—	—	—	—	—

years 1886 to 1894 will be given in the Report for 1895; those for the 10 years 1886 to 1895
1896, &c., &c.

ABSTRACT No. XXX.—TABLE taken from the REPORT of the PRINCIPAL MEDICAL OFFIC
MILITARY DISTRICTS in the BOMBAY COMMAND, W

Military Districts.	Poona.		Mhow.		Bombay.		Deesa.		Aden.		Sind.		Nag-pur.		Troops mov-ing.		Tota
Average Strength - - -	3,874		2,981		2,218		658		1,050		1,738		820		77		13,41
Diseases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.
I.—GENERAL DISEASES.																	
GROUP "A."																	
Sub-Group I. Small-pox - -	4	1	4	1	—	—	—	—	1	—	—	—	2	1	—	—	11
Other Eruptive Fevers	1	—	—	—	2	—	—	—	42	—	1	—	—	—	—	—	46
Enteric Fever - -	96	28	128	29	13	3	13	2	6	—	8	1	13	6	—	—	277
Other Continued Fevers	31	—	33	—	79	1	70	—	34	—	11	—	4	—	—	—	262
Yellow Fever - -	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera - - -	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Dysentery - -	86	—	40	3	55	—	10	—	36	1	65	—	4	—	—	—	296
Other Diseases - -	—	—	—	—	—	—	—	—	2	1	2	1	—	—	—	—	4
Total - - -	221	31	205	33	149	4	93	2	121	2	87	2	23	7	—	—	899
Sub-Group II.—Malarial Fevers -	1,212	—	1,735	—	694	2	419	1	625	—	1,366	1	227	—	6	—	6,284
Sub-Group III.—Septic Diseases -	4	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	7
Sub-Group IV. Syphilis, Primary -	854	—	623	—	250	—	33	—	112	—	329	—	141	—	3	—	2,345
" Secondary -	291	—	242	—	306	—	50	1	27	—	53	—	30	—	1	—	1,000
Gonorrhœa - -	663	—	829	—	465	—	203	—	163	—	259	—	166	—	2	—	2,750
Total - - -	1,808	—	1,694	—	1,021	—	286	1	302	—	641	—	337	—	6	—	6,095
Sub-Group V.—Hydrophobia, &c.	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1
GROUP "B."																	
Sub-Group I.—Parasitic Diseases	12	—	11	—	4	—	3	—	2	—	2	—	—	—	—	—	34
Sub-Group II. Scurvy - -	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	3
Alcoholism -	8	—	23	—	6	—	1	—	2	—	2	—	1	—	—	—	43
GROUP "C."																	
Debility, &c. - - - -	120	—	42	—	83	—	7	—	69	—	32	—	17	—	—	—	370
GROUP "D."																	
Rheumatism - - -	69	—	83	—	62	—	14	—	31	—	26	—	19	—	1	—	305
Tubercular Diseases - -	6	2	2	1	49	3	2	—	7	1	3	—	3	1	—	—	72
Other Diseases - - -	17	—	28	—	35	2	7	—	9	—	12	—	—	—	—	—	108
II.—LOCAL DISEASES.																	
Diseases of the—																	
1. Nervous System. Nervous Diseases -	15	—	22	2	45	—	4	—	5	—	22	1	7	2	1	—	121
Mental " -	7	—	7	—	3	—	3	—	1	—	4	—	—	—	—	—	25
2. Eye - - - -	45	—	21	—	40	—	7	—	13	—	18	—	9	—	—	—	153
3 & 4. Other Organs of Special Senses.	17	—	30	1	26	—	13	—	23	—	51	—	8	—	—	—	168
5. Circulatory System - -	5	2	29	4	89	2	8	—	12	2	24	2	9	—	—	—	176
6. Respiratory " - -	84	1	96	1	85	—	12	1	42	2	64	1	9	—	—	—	392
7. Digestive " - -	297	5	404	11	224	5	93	—	140	3	204	4	38	1	2	—	1,402
8. Lymphatic and Glandular System.	84	—	86	—	36	—	14	—	25	—	83	1	19	—	1	—	348
9. Urinary System - -	5	—	4	—	14	2	—	—	2	—	8	1	—	—	—	—	33
10. Generative " - -	185	1	518	—	319	—	126	—	184	—	24	—	6	—	4	—	1,366
11. Organs of Locomotion -	24	—	15	—	19	—	7	—	10	—	25	—	19	—	—	—	119
12. Connective Tissue - -	66	—	54	—	54	—	10	—	37	—	38	—	12	—	—	—	271
13. Skin - - - -	97	—	185	—	83	—	58	—	136	—	167	—	28	—	—	—	754
III.—POISONS - -	2	—	2	—	1	—	1	—	5	—	1	1	—	—	—	—	12
IV.—INJURIES.																	
1. General - - - -	4	4	3	4	10	6	3	—	9	5	5	2	5	2	—	1	39
2. Local - - - -	283	6	346	—	178	2	73	4	113	1	114	—	42	—	9	—	1,158
In Action - - - -	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No appreciable disease - -	5	—	10	—	—	—	2	—	1	—	2	—	2	—	—	—	22
Cause unknown (refers to deaths only).	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Total - -	4,702	52	5,658	58	3,331	28	1,266	9	1,927	16	3,026	16	840	13	30	1	20,78

wing the PREVALENCE and MORTALITY of the Different Classes of DISEASE in each of the
Ratios per 1,000 of Strength, during the Year 1894.

Ratio per 1,000 of Strength.

Poona.		Mhow.		Bombay.		Deesa.		Aden.		Sind.		Nagpur.		Troops moving.		Total.	
	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
1·0	·26	1·4	·33	—	—	—	—	·9	—	—	—	2·4	1·22	—	—	·8	·
·3	—	—	—	·9	—	—	—	40·0	—	·6	—	—	—	—	—	3·4	—
·7	7·22	42·9	9·73	5·9	1·35	19·7	3·04	5·7	—	4·6	·57	15·8	7·32	—	—	20·7	5·
·0	—	11·1	—	35·6	·45	106·4	—	32·4	—	6·3	—	4·9	—	—	—	19·5	·
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
·8	·52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	·2	·
·2	—	13·4	1·01	24·8	—	15·2	—	34·3	·95	37·4	—	4·9	—	—	—	22·1	·
—	—	—	—	—	—	—	—	1·9	·95	1·1	·57	—	—	—	—	·3	·
·0	8·00	68·8	11·07	67·2	1·80	141·3	3·04	115·2	1·90	50·0	1·15	28·0	8·54	—	—	67·0	6·
·9	—	582·0	—	312·9	·90	636·8	1·52	595·2	—	786·0	·57	276·8	—	77·9	—	468·4	·
1·0	—	·7	—	·5	—	—	—	—	—	—	—	—	—	—	—	·5	—
·4	—	209·0	—	112·7	—	50·2	—	106·7	—	189·2	—	172·0	—	38·9	—	174·8	—
·1	—	81·2	—	138·0	—	76·0	1·52	25·7	—	30·5	—	36·6	—	13·0	—	74·5	·
·2	—	278·1	—	209·6	—	308·5	—	155·2	—	149·1	—	202·4	—	26·0	—	205·0	—
·7	—	568·3	—	460·3	—	434·7	1·52	287·6	—	368·8	—	411·0	—	77·9	—	454·3	·
—	—	·3	·33	—	—	—	—	—	—	—	—	—	—	—	—	·1	·
·1	—	3·7	—	1·8	—	4·6	—	1·9	—	1·1	—	—	—	—	—	2·4	—
—	—	—	—	·5	—	—	—	1·0	—	·6	—	—	—	—	—	·2	—
·1	—	7·7	—	2·7	—	1·5	—	1·9	—	1·1	—	1·2	—	—	—	3·2	—
1·0	—	14·1	—	37·4	—	10·6	—	65·7	—	18·4	—	20·7	—	—	—	27·6	—
7·8	—	27·8	—	28·0	—	21·3	—	29·5	—	15·0	—	23·2	—	13·0	—	22·7	—
1·5	·52	·7	·34	22·1	1·35	3·0	—	6·7	·95	1·7	—	3·7	1·22	—	—	5·4	·
·4	—	9·4	—	15·8	·90	10·6	—	8·6	—	6·9	—	—	—	—	—	8·1	·
·9	—	7·4	·67	20·3	—	6·1	—	4·8	—	12·7	·57	8·4	2·44	13·0	—	9·0	·
1·8	—	2·3	—	1·4	—	4·6	—	1·0	—	2·3	—	—	—	—	—	1·9	—
1·6	—	7·0	—	18·0	—	10·6	—	12·4	—	10·4	—	11·0	—	—	—	11·3	—
·4	—	10·1	·33	11·7	—	19·7	—	21·9	—	29·3	—	9·8	—	—	—	12·5	·
1·3	·52	9·7	1·34	40·1	·90	12·4	—	11·4	1·90	13·8	1·15	11·0	—	—	—	13·1	·
1·7	·26	32·2	·33	38·3	—	18·2	1·52	40·0	1·90	36·8	·57	11·0	—	—	—	29·2	·
6·7	1·29	135·5	3·69	101·0	2·26	141·3	—	133·3	2·86	117·4	2·30	46·4	1·22	26·0	—	104·5	2·
1·7	—	28·8	—	16·2	—	21·3	—	23·8	—	47·8	·57	23·2	—	13·0	—	25·9	·
1·3	—	1·3	—	6·3	·90	—	—	1·9	—	4·6	·57	—	—	—	—	2·5	·
7·7	·26	173·8	—	143·8	—	191·5	—	175·2	—	13·8	—	7·3	—	51·9	—	101·8	·
6·2	—	5·0	—	8·6	—	10·6	—	9·5	—	14·4	—	23·2	—	—	—	8·9	—
7·0	—	18·1	—	24·3	—	15·2	—	35·2	—	21·9	—	14·6	—	—	—	20·2	—
·0	—	62·1	—	37·4	—	88·1	—	129·5	—	96·1	—	34·1	—	—	—	56·4	—
·5	—	·7	—	·5	—	1·5	—	4·8	—	·6	·57	—	—	—	—	·9	·
1·0	1·03	1·0	1·34	4·5	2·71	4·6	—	8·6	4·76	2·9	1·15	6·1	2·44	—	12·99	2·9	1·
·1	1·55	116·1	—	80·2	·90	110·9	6·08	107·6	·95	65·6	—	51·2	—	116·9	—	86·3	·
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1·3	—	3·4	—	—	—	3·0	—	1·0	—	1·1	—	2·4	—	—	—	1·7	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
·7	13·42	1808·0	19·46	1501·8	12·62	1924·0	13·68	1835·2	15·24	1741·1	9·20	1024·4	15·85	380·6	12·99	1548·9	14·

ABSTRACT No. XXXI.—The following TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, shows the ADMISSIONS and DEATHS which took place in the PRINCIPAL STATIONS in the BOMBAY COMMAND during the Year 1894, with the RATIOS per 1,000 of strength.

Military Districts.	Stations.	Average Strength.	Number of Admissions.	Number of Deaths.	Ratio per 1,000 of Strength.			
					Admissions.	Deaths.	Average of 10 Years, 1884–93.	
							Admissions.	Deaths.
Poona	Poona	2,030	2,730	27	1344·8	13·30	1166·1	10·09
	Kirkee	777	945	7	1216·2	9·01	1126·4	8·12
	Ahmednagar	722	535	13	741·0	18·01	1425·3	9·93
	Satara	214	357	2	2509·3	9·35	1403·9	4·56
	Purandhur	131	135	3	1030·5	22·90	1812·0	9·62
Mhow	Mhow	1,642	2,911	39	1772·8	23·75	1466·4	11·36
	Nasirabad	755	1,355	11	1794·7	14·57	1518·6	19·86
	Neemuch	435	1,082	6	2487·4	13·79	1480·8	21·83
	Indore	106	236	1	2226·4	9·43	1625·5	17·01
	Taraghur	41	73	1	1780·5	24·39	2233·2	41·90
	Khundwa	2	1	—	500·0	—	150·0	100·00
Bombay	Bombay	1,359	1,577	20	1160·4	14·72	1424·9	9·85
	Deolali	774	1,661	7	2146·0	9·04	1356·0	36·41
	Khundalla	85	93	1	1094·1	11·76	983·2	—
Deesa	Deesa	369	482	1	1306·2	2·71	1469·3	11·10
	Ahmedabad	236	702	8	2947·6	33·90	2005·5	18·34
	Abu	53	82	—	1547·1	—	2017·9	13·77
Aden	Aden	1,050	1,927	16	1835·2	15·24	1482·9	12·73
Sind	Karachi	1,424	2,512	13	1764·0	9·13	1593·4	14·88
	Hyderabad	314	514	3	1636·9	9·55	1681·1	10·07
Nagpur	Kamptee	776	744	13	958·8	16·75	1456·0	8·94
	Sitabuldi	44	96	—	2181·8	—	1506·1	15·00
	Troops moving	77	30	1	389·6	12·99	492·0	18·54
	Total	13416	20780	193	1548·9	14·38	1425·9	14·21

ABSTRACT No. XXXII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the STATIONS in the BOMBAY COMMAND at which ADMISSIONS and DEATHS from ENTERIC FEVER took place in each of the Four Quarters of the Year 1894.

Military Disiricts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Poona	Poona	2	—	4	2	22	10	4	2	32	14
	Kirkee	2	—	3	1	7	—	4	1	16	2
	Ahmednagar	9	2	24	8	12	1	—	—	45	11
	Satara	—	—	2	—	—	—	—	—	2	—
	Purandhur	—	—	1	1	—	—	—	—	1	1
Mhow	Mhow	1	—	5	1	100	20	4	4	110	25
	Nasirabad	—	—	7	2	7	1	1	—	15	3
	Neemuch	—	—	—	—	1	1	—	—	1	1
	Taraghur	—	—	1	—	1	—	—	—	2	—
Bombay	Bombay	—	—	3	1	—	—	—	—	3	1
	Deolali	2	1	—	—	—	—	7	1	9	2
	Khandalla	—	—	1	—	—	—	—	—	1	—
Deesa	Deesa	1	—	—	—	2	1	1	—	4	1
	Ahmedabad	1	—	3	—	3	1	1	—	8	1
	Abu	—	—	1	—	—	—	—	—	1	—
Aden	Aden	1	—	1	—	—	—	4	—	6	—
Sind	Karachi	3	—	2	—	2	—	—	1	7	1
	Hyderabad	—	—	1	—	—	—	—	—	1	—
Nagpur	Kamptee	1	1	3	3	8	2	—	—	12	6
	Sitabuldi	—	—	—	—	—	—	1	—	1	—
	Total	23	4	62	19	165	37	27	9	277	69

ABSTRACT No. XXXIII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the STATIONS in the BOMBAY COMMAND at which ADMISSIONS and DEATHS from CHOLERA took place in each of the Four Quarters of the Year 1894.

Military Districts.	Stations.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Total.	
		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Poona	Kirkee	—	—	3	2	—	—	—	—	3	2
	Total	—	—	3	2	—	—	—	—	3	2

ABSTRACT No. XXXIV.—Table, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the PREVALENCE of DYSENTERY, DIARRHŒA, HEPATITIS, and ABSCESS OF LIVER in each DISTRICT in the BOMBAY COMMAND for the Year 1894.

Districts.	Poona.		Mhow.		Bombay.		Deesa.		Aden.		Sind.		Nagpur.		On the March.		Total.	
Strength.	3,874		2,981		2,218		658		1,050		1,738		820		77		13,416	
Diseases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Dysentery - -	86	—	40	3	55	—	10	—	36	1	65	—	4	—	—	—	296	4
Diarrhœa - -	53	—	82	—	37	1	26	—	48	—	42	—	4	—	1	—	293	1
Hepatitis and Abscess of Liver.	41	2	39	10	53	3	5	—	10	3	17	2	13	1	1	—	179	21
Total -	180	2	161	13	145	4	41	—	94	4	124	2	21	1	2	—	768	26

Ratio per 1,000 of Strength.

Dysentery - -	22·2	—	13·4	1·01	24·8	—	15·2	—	34·3	·95	37·4	—	4·9	—	—	—	22·1	·30
Diarrhœa - -	13·7	—	27·5	—	16·7	·45	39·5	—	45·7	—	24·1	—	4·9	—	13·0	—	21·8	·07
Hepatitis and Abscess of Liver.	10·6	·52	13·1	3·35	23·9	1·35	7·6	—	9·5	2·86	9·8	1·15	15·8	1·22	13·0	—	13·3	1·57
Total -	46·5	·52	54·0	4·36	65·4	1·80	62·3	—	89·5	3·81	71·3	1·15	25·6	1·22	26·0	—	57·2	1·94

ABSTRACT No. XXXV.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the PREVALENCE and MORTALITY in the BOMBAY COMMAND, due to DYSENTERY, DIARRHŒA, HEPATITIS, and ABSCESS OF LIVER in each Quarter of the Year 1894.

Quarter.	Strength.	Dysentery.				Diarrhœa.				Hepatitis and Abscess of Liver.				Total.			
		Number.		Ratio per 1,000 of the Strength.		Number.		Ratio per 1,000 of the Strength.		Number.		Ratio per 1,000 of the Strength.		Number.		Ratio per 1,000 of the Strength.	
		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
1st Quarter -	14,183	62	—	4·4	—	46	—	3·2	—	36	1	2·5	·07	144	1	10·1	·07
2nd „ -	13,207	52	—	3·9	—	73	1	5·5	·08	41	2	3·1	·15	166	3	12·5	·23
3rd „ -	12,881	121	3	9·4	·23	118	—	9·2	—	43	7	3·3	·54	282	10	21·9	·77
4th „ -	13,394	61	1	4·6	·07	56	—	4·1	—	59	11	4·4	·82	176	12	13·1	·89
Total - -	13,416	296	4	22·1	·30	293	1	21·8	·08	179	21	13·3	1·57	768	26	57·2	1·94

ABSTRACT No. XXXVI.—TABLE showing the AVERAGE STRENGTH
SICK among the TROOPS stationed in EGYPT during the Year 1894, with

Average Strength, 5,226.		Deaths.			Invalids.		
Diseases.	Admissions into Hospital.	In the Command.	Of Invalids.	Total.	Number sent Home.	Number finally Discharged the Service.	Average Number constantly Sick.
I.—GENERAL DISEASES.							
GROUP "A."							
Sub-Group I. Small-pox	—	—	—	—	—	—	—
Sub-Group I. Other Eruptive Fevers	1	—	—	—	—	—	·21
Sub-Group I. Enteric Fever	111	21	—	21	4	—	21·36
Sub-Group I. Other Continued Fevers	528	—	—	—	—	—	21·88
Sub-Group I. Yellow Fever	—	—	—	—	—	—	—
Sub-Group I. Cholera	—	—	—	—	—	—	—
Sub-Group I. Dysentery	54	3	—	3	—	—	3·43
Sub-Group I. Other Diseases	20	—	—	—	—	—	·62
Total	714	24	—	24	4	—	47·50
Sub-Group II.—Malarial Fevers	224	—	—	—	—	—	10·31
Sub-Group III.—Septic Diseases	3	—	—	—	—	—	·08
Sub-Group IV. Syphilis, Primary	223	—	—	—	—	—	20·90
Sub-Group IV. „ Secondary	340	—	—	—	4	3	37·85
Sub-Group IV. Gonorrhœa	562	—	—	—	1	—	40·08
Total	1,125	—	—	—	5	3	98·83
Sub-Group V.—Hydrophobia, &c.	—	—	—	—	—	—	—
GROUP "B."							
Sub-Group I.—Parasitic Diseases	17	—	—	—	—	—	·66
Sub-Group II. Scurvy	—	—	—	—	—	—	—
Sub-Group II. Alcoholism	8	—	—	—	—	—	·38
GROUP "C."							
Debility, &c.	94	—	—	—	6	2	11·41
GROUP "D."							
Rheumatism	115	1	—	1	2	1	10·18
Tubercular Diseases	12	3	—	3	6	4	4·40
Other Diseases	61	1	—	1	3	2	5·64
II.—LOCAL DISEASES.							
Diseases of the—							
1. Nervous System: Nervous Diseases	54	4	—	4	8	6	5·59
1. Nervous System: Mental „	8	—	—	—	7	8	3·89
2. Eye	124	—	—	—	2	2	8·28
3 & 4. Other Organs of Special Senses	97	—	—	—	4	3	6·03
5. Circulatory System	16	1	—	1	6	5	3·76
6. Respiratory „	200	—	—	—	1	1	15·17
7. Digestive „	642	5	1	6	2	1	26·47
8. Lymphatic and Glandular System	101	—	—	—	1	—	11·58
9. Urinary System	6	—	—	—	—	—	1·41
10. Generative „	902	—	—	—	—	2	72·83
11. Organs of Locomotion	43	—	1	1	7	4	4·44
12. Connective Tissue	126	—	—	—	—	—	7·84
13. Skin	279	—	—	—	—	—	15·99
III.—POISONS	4	1	—	1	—	—	·11
IV.—INJURIES.							
1. General	2	2	—	2	—	—	·12
2. Local	494	1	—	1	5	4	28·93
3. In Action	—	—	—	—	—	—	—
No appreciable disease	18	—	—	—	—	—	1·03
Cause unknown (refers to deaths only)	—	—	—	—	—	—	—
General Total	5,489	43	2	45	69	48	402·86
* Average of 10 years, 1884-93	—	—	—	—	—	—	—

† The average ratios for 10 years will be given in future years. **The average ratios for the 1886 to 1895 in**

ADMISSIONS into HOSPITAL, DEATHS, NUMBERS INVALIDED and CONSTANTLY
the Ratios per 1,000 of the Strength, and the Average Ratios for 10 Years.*

Ratio per 1,000.					Average Ratio per 1,000 from 1886 to 1893.†				
Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.	Admissions.	Deaths.	Invalids sent Home.	Invalids finally Discharged.	Constantly Sick.
—	—	—	—	—	3·7	·45	—	—	·40
·2	—	—	—	·04	2·1	—	—	—	·75
21·2	4·02	·76	—	4·09	39·3	10·70	9·42	·05	6·08
101·1	—	—	—	4·19	138·1	·05	1·78	—	5·13
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
10·3	·57	—	—	·65	43·0	1·70	3·26	·29	3·30
3·8	—	—	—	·12	3·2	·03	—	—	·11
136·6	4·59	·76	—	9·09	230·1	12·93	14·47	·34	15·78
42·9	—	—	—	1·97	16·1	·03	·29	·05	·66
·6	—	—	—	·02	1·6	·11	·05	—	·09
42·7	—	—	—	4·00	64·2	—	·11	—	5·30
65·0	—	·76	·57	7·24	33·6	—	1·03	·48	2·92
107·5	—	·19	—	7·67	107·9	—	·11	·03	7·09
215·2	—	·96	·57	18·91	205·7	—	1·25	·50	15·32
—	—	—	—	—	—	—	—	—	—
3·3	—	—	—	·13	4·8	·03	—	—	·13
—	—	—	—	—	·1	—	·03	—	·02
1·5	—	—	—	·07	5·8	·11	·03	—	·21
18·0	—	1·15	·38	2·18	29·3	—	5·23	2·28	1·98
22·0	·19	·38	·19	1·95	26·8	·18	1·30	·27	1·81
2·3	·57	1·15	·77	·84	2·9	·64	1·86	1·43	·63
11·7	·19	·57	·38	1·08	10·1	·03	·34	·11	·65
20·3	·77	1·53	1·15	1·07	9·5	·45	1·35	1·06	·59
1·5	—	1·34	1·53	·74	1·8	·05	1·51	1·75	·33
23·7	—	·38	·38	1·58	51·1	—	·85	·50	2·19
18·6	—	·76	·57	1·15	15·0	—	·56	·58	·80
3·1	·19	1·15	·96	·72	13·1	·29	4·06	4·14	1·37
38·3	—	·19	·19	2·90	40·6	1·11	1·25	·80	2·58
122·9	1·15	·38	·19	5·07	157·3	1·54	2·97	1·04	6·18
19·3	—	·19	—	2·22	20·2	—	·42	·13	2·32
1·1	—	—	—	·27	1·9	·05	·21	·19	·15
172·6	—	—	·38	13·94	101·0	—	·42	·35	6·78
8·2	·19	1·34	·77	·85	8·0	—	·48	·56	·59
24·1	—	—	—	1·50	27·8	—	·24	·05	1·36
53·4	—	—	—	3·06	56·9	—	·21	—	2·61
·8	·19	—	—	·02	·6	·11	—	—	·01
·4	·38	—	—	·02	2·6	1·62	·19	·05	·16
94·5	·19	·96	·77	5·54	93·0	·74	1·14	·66	4·31
—	—	—	—	—	—	·05	·21	·16	·07
3·4	—	—	—	·20	3·3	—	—	—	·10
—	—	—	—	—	—	—	—	—	—
1050·3	8·61	13·20	9·18	77·09	1137·0	20·07	40·93	17·01	69·78
1221·4	20·64	61·87	23·78	72·49	—	—	—	—	—

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nine years 1886 to 1894 will be given in the Report for 1895; those for the ten years
that for 1896, &c , &c.

ABSTRACT No. XXXVII.—Table showing the Average Strength, Ship proceeding on and returning from Service Abroad, and proceeding Strength during the Year 1894.

Strength of W.O., N.C.O., and Men:	Passage Out.		Passage Home.	
Embarked	20,729		13,715	
Average Annual Strength	1,328		869	
	Admitted.	Died.	Admitted.	Died.
I.—GENERAL DISEASES.				
Group "A."				
Sub-Group I. Small-pox	—	—	1	1
Sub-Group I. Other Eruptive Fevers	—	—	1	—
Sub-Group I. Enteric Fever	1	—	5	2
Sub-Group I. Other Continued Fevers	17	—	14	—
Sub-Group I. Yellow Fever	—	—	—	—
Sub-Group I. Cholera	—	—	—	—
Sub-Group I. Dysentery	1	—	11	—
Sub-Group I. Other Diseases	9	—	6	—
Total	28	—	38	3
Sub-Group II.—Malarial Fevers	2	—	74	3
Sub-Group III.—Septic Diseases	1	—	—	—
Sub-Group IV. Syphilis, Primary	206	—	194	—
Sub-Group IV. „ Secondary	40	—	42	—
Sub-Group IV. Gonorrhœa	396	—	175	—
Total	642	—	411	—
Sub-Group V.—Hydrophobia, &c.	—	—	—	—
Group "B."				
Sub-Group I.—Parasitic Diseases	—	—	—	—
Sub-Group II. Scurvy	1	—	—	—
Sub-Group II. Alcoholism	1	—	3	1
Group "C."				
Debility, &c.	9	—	5	—
Group "D."				
Rheumatism	22	—	14	—
Tubercular Diseases	3	—	2	—
Other Diseases	16	—	5	—
II.—LOCAL DISEASES.				
Diseases of the—				
1. Nervous System, Nervous Diseases	2	—	2	—
1. Nervous System, Mental „	—	—	—	—
2. Eye	16	—	6	—
3 & 4. Other Organs of Special Senses	1	—	5	—
5. Circulatory System	—	—	2	2
6. Respiratory „	61	—	156	4
7. Digestive „	91	1	42	1
8. Lymphatic and Glandular System	20	—	30	—
9. Urinary System	—	—	2	—
10. Generative „	131	—	95	—
11. Organs of Locomotion	2	—	1	—
12. Connective Tissue	44	—	24	1
13. Skin	135	—	38	—
III.—POISONS.	1	—	—	—
IV.—INJURIES.				
1. General	3	—	—	—
2. Local	103	—	37	—
3. In Action	—	—	—	—
No appreciable disease	—	—	1	—
Cause unknown (refers to deaths only)	—	—	—	—
General Total	1,335	1	993	15

ADMISSIONS into HOSPITAL, and DEATHS among the TROOPS ON BOARD from one Colony or Station abroad to another, with the Ratio per 1,000 of the

Intercolonial.		Ratio per 1,000 of the Strength.					
8,892 359		Passage Out.		Passage Home.		Intercolonial.	
Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
—	—	—	—	1·2	1·16	—	—
—	—	—	—	1·2	—	—	—
1	—	·7	—	5·8	2·33	2·8	—
5	—	12·4	—	16·3	—	13·9	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
6	—	·7	—	12·8	—	16·7	—
—	—	6·6	—	7·0	—	—	—
12	—	20·5	—	44·2	3·49	33·4	—
26	—	1·5	—	86·0	3·40	72·4	—
—	—	·7	—	—	—	—	—
47	—	150·6	—	225·6	—	130·9	—
7	—	29·2	—	48·8	—	19·5	—
155	—	289·5	—	208·5	—	431·8	—
200	—	469·3	—	477·9	—	582·2	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	·7	—	—	—	—	—
2	1	·7	—	3·5	1·16	5·6	2·78
4	—	6·6	—	5·8	—	11·1	—
5	—	16·1	—	16·3	—	13·9	—
—	—	2·2	—	2·3	—	—	—
4	—	11·7	—	5·8	—	11·1	—
1	—	1·5	—	2·3	—	2·8	—
—	—	—	—	—	—	—	—
2	—	11·7	—	7·0	—	5·6	—
—	—	·7	—	5·8	—	—	—
—	—	—	—	2·3	2·33	—	—
10	—	44·6	—	181·4	4·65	27·9	—
18	—	66·5	·73	48·8	1·16	50·1	—
7	—	14·6	—	34·9	—	19·5	—
—	—	—	—	52·3	—	—	—
66	—	95·8	—	110·5	—	183·8	—
—	—	1·5	—	1·2	—	—	—
9	—	32·1	—	27·9	1·16	25·1	—
15	—	96·7	—	44·2	—	41·8	—
—	—	·7	—	—	—	—	—
—	2	2·2	—	—	—	—	5·57
25	—	75·3	—	43·0	—	69·6	—
—	—	—	—	—	—	—	—
1	—	—	—	1·2	—	2·8	—
—	—	—	—	—	—	—	—
416	3	975·9	·73	1154·6	17·44	1158·7	8·35

ABSTRACT No. XXXVIII.—ON THE INFLUENCE OF AGE ON THE MORTALITY.—Table showing the Death Rates of Warrant Officers, Non-commissioned Officers and Men, at the several Ages, arranged by quinquennial Periods, in the several Commands Abroad.

Commands.	Under 20 Years.				20 and under 25.				25 and under 30.				30 and under 35.				35 and under 40.				40 and upwards.			
			Ratio per 1,000.				Ratio per 1,000.				Ratio per 1,000.				Ratio per 1,000.				Ratio per 1,000.				Ratio per 1,000.	
	Strength.	Died.	1894.	1884-93.	Strength.	Died.	1894.	1884-93.	Strength.	Died.	1894.	1884-93.	Strength.	Died.	1894.	1884-93.	Strength.	Died.	1894.	1884-93.	Strength.	Died.	1894.	1884-93.
Gibraltar	970	2	2·06	2·67	2,369	5	2·11	4·12	1,023	2	1·95	4·57	224		4·46	6·37	84		11·90	7·28	34	1	29·41	18·46
Malta	882	4	4·53	6·13	4,322	21	4·86	7·74	2,182	9	4·12	7·14	369	6	16·26	7·06	109		27·52	12·82	47	1	21·28	17·16
Cyprus	24	—	—	2·31	326		3·07	10·13	184	—	—	2·88	28		—	25·00	12		8·33	30·86	5	—	—	—
Egypt	392	6	15·31	15·01	2,677	24	8·96	23·28	1,501	8	5·33	15·24	394	3	7·61	14·45	211	2	9·48	15·07	51		—	28·21
Canada	83	—	—	2·06	701			2·80	522	3	5·75	3·85	83		12·05	6·90	37		—	17·65	17		—	10·10
Bermuda	45	—	—	6·80	736		9·51	9·64	458	3	6·55	9·26	131		7·63	10·82	30		—	18·32	10		—	37·04
West Indies	21	—	—	7·35	760	7	9·21	7·35	392	3	7·65	9·26	107		—	9·89	46		—	30·77	11		—	50·85
South Africa and St. Helena	194		—	5·28	1,554	10	6·43	6·54	1,076	7	6·50	5·56	238		—	8·02	76		—	6·91	34	—	—	19·61
Mauritius	19		—	14·08	344		5·81	12·01	165	4	24·24	20·15	43		—	21·74			—	21·28	4	—	—	37·04
Ceylon	29		—	2·96	758	2	2·64	10·05	510	8	15·69	13·03	85	3	35·29	19·91	24		41·67	7·91	5	—	—	14·29
China	29		—	2·76*	677	9	13·29	8·79*	642	10	15·58	10·89*	68	3	44·12	15·19*	22	1	45·45	10·40*	8	1	125·00	47·62*
Straits Settlements	68		—	1·88*	748	9	12·03	6·08*	387	1	2·58	5·72*	87		—	6·38*	23	1	43·48	10·24*	4	—	—	22·99*
India	1,924	21	10·91	8·96	35,899	678	18·89	16·93	24,617	317	12·88	13·53	5,474	90	16·44	13·24	1,048	24	14·56	15·83	409	11	26·89	22·56

* For nine years only (1885 to 1893).

ABSTRACT No. XXXIX.—Table showing the various Corps which served in the United Kingdom during the Year 1894, and some of the most important of their Health Statistics.

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	HOUSEHOLD CAVALRY.										days.	days.		
1st	Life Guards	409	295	4	14	14·11	721·3	9·78	34·23	34·50	12·59	17·45	London, 12 months. Detachment at Aldershot.	78
2nd	Life Guards	417	140	—	7	12·30	335·7	—	16·79	28·49	10·40	31·07	London, 12 months. Detachment at Aldershot.	78
	Royal Horse Guards	405	245	2	4	12·70	604·9	4·94	9·88	31·36	11·45	18·93	Windsor, 12 months. Detachment at Aldershot.	78
	Household Cavalry detached	3	1	—	—	1·09	—	—	—	—	—	—	Hythe and Eastbourne	—
	Total Household Cavalry	1,234	681	6	25	40·20	551·9	4·86	20·26	32·58	11·89	21·54		
	CAVALRY.													
1st	Dragoon Guards	404	349	4	4	17·14	863·9	9·90	9·90	42·42	15·48	18·50	Norwich, 12 months	3
4th	Dragoon Guards	411	234	—	6	17·30	569·3	—	14·60	42·09	15·36	26·98	Aldershot, 7 months; Shorncliffe, 2 months. To India.	—
6th	Dragoon Guards	386	391	2	15	21·44	1012·9	5·18	38·86	55·54	20·27	20·01	York, 12 months	6
7th	Dragoon Guards	56	29	—	1	1·37	517·9	—	17·86	24·46	8·93	17·24	Shorncliffe, 1½ months. From Egypt.	—
1st	Royal Dragoons	668	416	4	5	33·54	622·7	5·99	7·48	50·21	18·33	29·44	Dublin, 12 months. Detachment at Curragh.	38
2nd	Royal Dragoons	620	369	—	12	29·46	595·2	—	19·35	47·52	17·34	29·14	Aldershot, 12 months	38
3rd	Hussars	636	539	2	8	47·50	821·6	3·05	12·19	72·41	26·43	32·17	Newbridge, 6 months; Dublin, 6 months.	15

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	CAVALRY—*cont.*										days.	days.		
4th	Hussars	623	301	1	3	26·69	483·2	1·60	4·81	42·84	15·64	32·37	Aldershot, 12 months	16
6th	Dragoons	447	449	—	14	23·92	1004·5	—	31·32	53·51	19·53	19·44	Brighton and Shorncliffe, 6 months; Hulme and Salford and Aldershot manœuvres.	4
8th	Hussars	410	262	2	5	16·92	639·0	4·88	12·19	41·27	15·06	23·57	Hounslow, 12 months. Aldershot manœuvres.	5
9th	Lancers	597	334	—	10	27·97	559·5	—	16·75	46·85	17·10	30·56	Newbridge, 6½ months; Aldershot, 5½ months.	9
10th	Hussars	471	183	2	5	7·63	388·5	4·25	10·62	16·20	5·91	15·22	Cahir, 6 months; Ballincollig, 6 months.	10
12th	Lancers	413	249	—	5	13·39	602·9	—	12·11	32·42	11·83	19·62	Piershill, 12 months	7
13th	Hussars	421	204	—	3	9·17	484·6	—	7·12	21·78	7·95	16·40	Dundalk, Belfast, Curragh and Ballincollig.	9
14th	Hussars	424	239	—	5	13·12	563·7	—	11·79	30·94	11·29	20·03	Hulme, 7 months; Cahir, 5 months	8
15th	Hussars	600	371	4	2	19·01	618·3	6·67	3·33	31·68	11·56	18·70	Dundalk and Belfast, 6¾ months; Dublin, 5¼ months.	13
17th	Lancers	433	331	1	8	16·31	764·4	2·31	18·47	37·66	13·74	17·97	Leeds, 5 months; Preston, 7 months	4
20th	Hussars	604	528	2	29	33·40	874·2	3·31	48·01	55·30	20·18	23·09	Colchester, 12 months	7
	Cavalry Depôt	1,234	1,586	5	30	64·38	1285·1	4·05	24·31	52·17	19·04	14·81	Canterbury, 12 months	Since formation.
	Various Corps	153	80	—	6	14·51	522·9	—	39·21	94·84	34·62	66·21		
	Total Cavalry of the Line	10,031	7,444	29	176	454·17	742·1	2·89	17·54	45·27	16·52	22·26		

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	ROYAL ARTILLERY.										days.	days.		
A Depôt	Horse Artillery - - -	188	180	—	4	10·75	957·4	—	21·28	57·18	20·87	21·79	Woolwich, 12 months - - -	Permanent.
B Depôt	Horse Artillery - - -	189	176	1	4	13·41	931·2	5·29	21·16	70·95	25·90	27·81	Woolwich, 12 months - - -	„
D	Horse Artillery - - -	146	71	1	1	4·15	486·3	6·85	6·85	28·42	10·37	21·32	London, 12 months - - -	6
E	Horse Artillery - - -	156	89	—	2	6·32	570·5	—	12·82	40·51	14·79	25·92	Woolwich, 9 months; Aldershot, 3 months.	5
F	Horse Artillery - - -	152	82	—	5	6·64	539·5	—	32·89	43·68	15·94	29·55	Aldershot, 12 months - - -	13
G	Horse Artillery - - -	137	77	1	3	5·68	562·0	7·30	21·90	41·45	15·13	26·92	Woolwich, 4 months; Aldershot, 8 months.	5
J	Horse Artillery - - -	154	74	—	3	5·97	480·5	—	19·48	38·77	14·15	29·45	Woolwich, 9 months; Aldershot, 3 months.	8
O	Horse Artillery - - -	113	60	1	2	4·88	531·0	8·85	17·70	43·18	15·76	29·68	Newbridge, 12 months - - -	5
P	Horse Artillery - - -	115	106	1	4	6·32	921·7	8·69	34·78	54·96	20·06	21·76	Aldershot, 12 months - - -	3
R	Horse Artillery - - -	107	54	1	5	5·57	504·7	9·35	46·73	52·06	19·00	37·65	Newbridge, 12 months - - -	2
T	Horse Artillery - - -	134	109	1	—	3·64	813·4	7·46	—	27·16	9·91	12·18	Dorchester, 12 months - - -	1
—	Riding Estalishment - - -	104	44	—	2	5·20	423·1	—	19·23	50·00	18·25	43·13	Woolwich, 12 months - - -	Permanent.
1/1 Depôt	Field Artillery - - - -	409	305	2	10	21·22	745·7	4·89	24·45	51·88	18·93	25·39	Woolwich, 12 months - - -	„
2/1 Depôt	Field Artillery - - - -	449	327	3	8	28·13	728·3	6·68	17·82	62·65	22·87	31·40	Woolwich, 12 months - - -	„
1/2 Depôt	Field Artillery - - - -	338	342	—	8	21·44	1111·8	—	23·67	63·43	23·15	20·82	Woolwich, 12 months - -	„
2/2 Depôt	Field Artillery - - - -	247	303	—	7	23·27	1226·7	—	28·34	94·21	34·39	28·03	Woolwich, 12 months - - -	„

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	ROYAL ARTILLERY—*cont.*										days.	days.		
1st	Field Artillery - - - -	164	130	—	1	10·67	792·7	—	6·10	65·06	23·73	29·93	Aldershot, 9 months; Woolwich, 3 months.	10
3rd	Field Artillery - - - -	172	58	—	1	4·33	337·2	—	5·81	25·17	9·19	27·25	Woolwich, 8½ months; Aldershot, 3½ months.	9
4th	Field Artillery - - - -	111	90	1	3	3·94	810·8	9·01	27·03	35·49	12·95	15·97	Aldershot, 7½ months; Shorncliffe, 4½ months.	4
7th	Field Artillery - - - -	112	85	—	2	3·85	758·9	—	17·86	34·37	12·74	16·79	Maryhill and Barry Camp, 8 months; Newcastle, 4 months.	6
11th	Field Artillery - - - -	148	140	—	1	5·53	945·9	—	6·76	37·23	13·59	14·37	Clonmel, 12 months - - -	8
12th	Field Artillery - - - -	139	101	—	—	4·31	726·6	—	—	31·00	11·31	15·56	Okehampton and Sheffield, 6 months; Hilsea, 6 months.	8
13th	Field Artillery - - - -	164	158	—	5	10·11	963·4	—	30·49	61·65	22·50	23·35	Aldershot, 12 months - - -	8
14th	Field Artillery - - - -	142	100	1	2	3·72	704·2	7·04	14·08	26·20	9·56	13·58	Ipswich, 12 months - - -	6
16th	Field Artillery - - - -	172	97	1	6	4·80	563·9	5·81	34·88	27·91	10·19	18·07	Weedon, 8 months; Aldershot, 4 months.	10
18th	Field Artillery - - - -	145	87	—	4	5·84	600·0	—	27·59	40·27	14·70	24·50	Coventry, 9 months; Exeter, 3 months	7
19th	Field Artillery - - - -	123	85	—	2	3·91	691·1	—	16·26	31·79	11·60	16·78	Christchurch, 12 months - -	1
20th	Field Artillery - - - -	102	100	1	2	6·27	980·4	9·80	19·61	61·47	22·43	22·89	Shorncliffe, 12 months - - -	1
25th	Field Artillery - - - -	132	73	—	2	3·06	553·0	—	15·15	23·18	8·46	15·30	Curragh, 1½ months; Limerick, 10½ months.	8
28th	Field Artillery - - - -	101	84	—	2	5·16	831·7	—	19·80	51·09	18·64	22·41	Shorncliffe, 9½ months; Aldershot, 2½ months.	3
30th	Field Artillery - - - -	151	98	2	3	5·66	649·0	13·24	19·87	37·48	13·68	21·08	Colchester, 12 months - - -	9
37th	Field Artillery - - - -	100	76	1	1	5·13	760·0	10·00	10·00	51·30	18·72	24·63	Exeter, 8 months; Okehampton, 1 month; Hilsea, 3 months.	4

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	ROYAL ARTILLERY—*cont.*										days.	days.		
38th	Field Artillery - - - -	96	44	—	—	4·69	458·3	—	—	48·85	17·83	38·90	Shorncliffe, 4½ months; Aldershot, 7½ months.	3
41st	Field Artillery - - - -	159	76	—	2	4·43	481·1	—	12·58	28·07	10·25	21·30	Aldershot, 8 months; Weedon, 4 months.	10
52nd	Field Artillery - - - -	134	99	1	5	6·34	738·8	7·46	37·31	47·31	17·27	23·37	Colchester, 12 months - - -	7
56th	Field Artillery - - - -	139	104	—	—	7·41	748·2	—	—	53·31	19·46	26·01	Exeter, 12 months - - -	7
57th	Field Artillery - - - -	157	119	1	2	9·61	758·0	6·37	12·74	61·21	22·34	29·47	Woolwich, 12 months - - -	9
58th	Field Artillery - - - -	147	111	—	3	9·14	755·1	—	20·41	62·18	22·69	30·05	Woolwich, 12 months - - -	7
61st	Field Artillery - - - -	104	67	—	1	4·89	644·2	—	9·61	47·02	17·16	26·64	Aldershot, 12 months - - -	3
62nd	Field Artillery - - - -	145	107	1	1	4·65	737·9	6·90	6·90	32·07	11·71	15·85	Ipswich, 12 months - - -	7
63rd	Field Artillery - - - -	120	72	1	2	6·23	600·0	8·33	16·67	51·92	18·95	31·58	Newcastle, 12 months - - -	6
64th	Field Artillery - - - -	140	112	1	2	5·77	800·0	7·14	14·28	41·21	15·04	18·80	Sheffield, 12 months - - -	6
66th	Field Artillery - - - -	134	96	—	2	4·44	716·4	—	14·92	33·13	12·09	16·88	Newcastle, 7 months; Glasgow, 5 months.	6
67th	Field Artillery - - - -	131	56	—	1	2·35	427·5	—	7·63	17·94	6·54	15·30	Curragh, 1½ months; Fermoy, 10½ months.	8
69th	Field Artillery - - - -	143	88	2	3	5·06	615·4	13·99	20·98	35·38	12·91	20·98	Hilsea, 6 months; Weedon, 6 months	8
73rd	Field Artillery - - - -	89	80	—	1	4·31	898·9	—	11·24	54·04	19·72	21·94	Newcastle, 12 months - - -	4
74th	Field Artillery - - - -	87	47	1	1	1·52	540·2	11·49	11·49	17·47	6·38	11·81	Athlone, 12 months - - -	4
75th	Field Artillery - - - -	147	99	—	3	6·07	673·5	—	20·41	41·29	15·07	22·37	Horfield, 12 months - - -	7

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							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	ROYAL ARTILLERY—*cont.*										days.	days.		
76th	Field Artillery - - - -	102	53	1	1	2·23	519·6	9·80	9·80	21·86	7·98	15·36	Longford, 12 months - - -	1
77th	Field Artillery - - - -	205	84	—	3	7·92	409·7	—	14·63	38·63	14·20	34·66	Aldershot, 12 months - - -	4
78th	Field Artillery - - - -	107	50	—	2	2·18	467·3	—	18·69	20·37	7·63	16·33	Aldershot, 12 months - - -	3
79th	Field Artillery - - - -	105	67	1	2	4·24	638·1	9·52	19·05	40·38	14·74	23·10	Colchester, 7 months; Sheffield, 5 months.	3
80th	Field Artillery - - - -	148	115	1	4	8·38	777·0	6·76	27·03	56·62	20·67	26·57	Hilsea, 12 months - - -	9
4th	Mountain Artillery - - -	267	186	—	1	6·07	696·6	—	3·74	22·73	8·30	11·91	Newport, 12 months - - -	1
	Garrison Artillery, Eastern Division	1,801	1,060	6	28	54·34	588·5	3·33	15·54	30·17	11·01	18·71	Various.	—
	Garrison Artillery, Southern Division.	2,624	1,347	18	39	96·09	513·3	6·86	14·86	36·62	13·37	26·04	Various.	—
	Garrison Artillery, Western Division	1,790	1,095	16	38	68·39	611·7	8·94	21·23	38·21	13·95	22·81	Various.	—
	Royal Artillery: District Establishment.	674	149	4	11	11·66	221·1	5·93	16·32	17·30	6·31	28·54	Various.	—
	Royal Artillery: Regimental District Staff.	743	193	8	4	15·95	259·7	10·76	5·38	21·47	7·84	30·15	Woolwich.	—
	Royal Artillery, School of Gunnery -	379	96	—	—	5·01	253·3	—	—	13·22	4·82	19·03	Shoeburyness.	—
	Royal Artillery, Various - -	411	123	—	23	20·24	299·3	—	55·96	49·24	17·97	60·04	Various.	—
	Total Royal Artillery -	16,744	9,956	82	290	648·99	594·6	4·90	17·32	38·76	14·15	23·79		
	ROYAL ENGINEERS.													
	Royal Engineers - - - -	4,437	1,488	16	33	95·78	335·4	3·61	7·44	21·59	7·88	23·49	Various.	—

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							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	FOOT GUARDS.										days.	days.		
1st	Grenadier Guards - - -	685	547	4	20	46·59	798·5	5·84	29·20	68·01	24·82	31·08	London, 12 months - - -	30
2nd	Grenadier Guards - - -	841	606	5	9	45·12	720·6	5·94	10·70	53·65	19·58	27·17	London, 5 months; Dublin, 7 months	3
3rd	Grenadier Guards - - -	709	446	3	14	40·14	629·0	4·23	19·74	56·61	20·66	32·81	London, 12 months - - -	9
1st	Coldstream Guards - - -	735	548	3	14	34·64	745·6	4·08	19·05	47·13	17·20	23·07	Windsor, 8 months; London, 4 months	9
2nd	Coldstream Guards - - -	610	586	1	22	55·20	960·7	1·64	36·06	90·49	33·03	34·38	London, 8 months; Dublin, 4 months	12
1st	Scots Guards - - - -	585	530	3	20	46·49	906·0	5·13	34·19	79·47	29·01	32·02	London, 8 months; Windsor, 4 months.	12
2nd	Scots Guards - - - -	451	470	4	15	42·93	1042·1	8·87	33·26	95·19	34·74	33·34	London, 12 months - - -	9
	Detachments - - - -	677	268	—	2	33·85	395·9	—	2·95	50·00	18·25	46·10	Various.	—
	Total Foot Guards - -	5,293	4,001	23	116	344·96	755·9	4·34	21·91	65·17	23·79	31·47		
	INFANTRY.													
1st	Royal Scots - - -	512	623	1	20	40·92	1216·8	1·95	39·06	70·92	29·17	23·87	York, 1 month; Chatham and Gravesend, 11 months.	3
2nd	Royal West Surrey Regiment -	584	528	2	9	27·22	904·1	3·42	15·41	46·60	17·01	18·81	Dover and Lydd, 12 months - -	1
2nd	East Kent Regiment - - -	551	348	1	14	17·44	631·6	1·81	25·41	31·65	11·55	18·28	Curragh, 2 months; Athlone, 10 months; Detachments at Galway and Castlebar.	8
1st	Royal Lancaster Regiment - -	629	370	2	18	22·94	588·2	3·18	28·62	36·47	13·31	22·63	Aldershot, 5 months; Hilsea and Portsmouth, 7 months.	13

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							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	INFANTRY—*cont.*										days.	days.		
1st	Northumberland Fusiliers - -	670	386	3	14	28·69	576·1	4·48	20·90	42·82	15·63	27·13	Aldershot, 12 months - - -	14
1st	Royal Warwickshire Regiment -	638	432	—	25	28·80	677·1	—	39·18	45·14	16·48	24·34	Aldershot, 7½ months; Chatham, 4½ months.	14
2nd	Royal Fusiliers - - -	634	390	—	1	21·22	615·1	—	1·58	33·47	12·22	19·87	Channel Islands, 12 months - -	5
2nd	King's Liverpool Regiment - -	598	635	2	14	29·76	1061·9	3·34	23·41	49·77	18·17	17·11	Salford, 9 months; Colchester, 3 months.	2
2nd	Norfolk Regiment - - -	697	433	5	15	26·44	621·2	7·17	21·52	37·93	13·84	22·28	London, 8 months; Aldershot, 4 months.	4
1st	Lincolnshire Regiment - -	716	352	1	13	22·66	491·6	1·40	18·16	31·65	11·55	23·49	Aldershot, 12 months - - -	17
2nd	Devonshire Regiment - -	660	559	1	10	37·62	847·0	1·51	15·15	57·00	20·80	24·56	Devonport, 12 months - - -	1
1st	Suffolk Regiment - - -	701	514	4	16	27·46	733·2	5·71	22·82	39·17	14·30	19·50	Colchester, 9 months; Warley, 3 months.	2
2nd	Somersetshire Regiment - -	581	470	3	5	33·59	808·9	5·16	8·60	57·81	21·10	26·08	Devonport, 10½ months. From India	—
1st	West Yorkshire Regiment - -	673	599	1	25	38·52	890·0	1·48	37·15	57·24	20·89	23·47	Aldershot, 12 months - - -	15
2nd	East Yorkshire Regiment - -	631	464	1	6	22·45	733·3	1·58	9·51	35·58	12·99	17·71	Preston, 9 months; Chipping Camp, 1 month; Birr, 2 months.	6
2nd	Bedfordshire Regiment - -	708	586	2	7	39·83	827·7	2·82	9·89	56·26	20·53	24·80	Devonport, 10½ months; Aldershot, 1½ months.	2
2nd	Leicestershire Regiment - -	565	732	1	22	52·32	1295·6	1·77	38·94	92·60	33·80	26·09	Chatham, 6 months; Aldershot, 6 months.	4
1st	Royal Irish Regiment - -	735	482	3	11	26·10	655·8	4·08	14·97	35·51	12·96	19·76	Curragh, 7 months; Birr, 3 months; Limerick, 2 months.	9
1st	Yorkshire Regiment - - -	633	639	1	31	30·80	1009·5	1·58	48·97	48·66	17·76	17·59	Channel Islands, 12 months - -	5
1st	Lancashire Fusiliers - - -	664	384	2	11	23·96	578·3	3·01	16·57	36·08	13·17	22·77	Curragh, 12 months - - -	14

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							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	INFANTRY—*cont.*										days.	days.		
1st	Royal Scots Fusiliers - - -	727	680	1	16	36·39	935·3	1·37	22·01	50·06	18·27	19·53	Shorncliffe, 12 months - - -	13
2nd	Cheshire Regiment - - -	650	649	2	18	44·62	998·5	3·08	27·69	68·65	25·06	25·09	Aldershot, 12 months - - -	5
2nd	Royal Welsh Fusiliers - -	689	610	2	22	41·16	885·3	2·90	31·93	59·74	21·80	24·62	Aldershot, 9 months; Salford, 3 months.	14
2nd	South Wales Borderers - -	538	648	2	13	35·80	1204·5	3·72	24·16	66·54	24·29	20·17	Hilsea, 5 months; Gosport, 7 months	1
1st	King's Own Scottish Borderers -	532	707	2	22	44·61	1328·9	3·76	41·35	83·85	30·60	23·03	York - - - - - -	3
1st	Scottish Rifles - - - -	490	538	1	14	44·34	1097·9	2·04	28·57	90·49	33·03	30·08	Portsmouth, 11 months. To India -	—
1st	Royal Inniskilling Fusiliers - -	548	339	3	14	21·13	618·6	5·47	25·55	38·56	14·07	22·74	Dover, 5 months; Kinsale, 7 months -	5
2nd	Gloucestershire Regiment - -	65	102	1	—	4·48	1569·2	15·38	—	68·92	25·15	16·03	Devonport, 1 month. From Aden -	—
2nd	Worcestershire Regiment - -	654	590	3	11	37·83	902·1	4·59	16·82	57·84	21·11	23·40	Aldershot, 12 months - - -	19
2nd	Duke of Cornwall's Light Infantry -	744	616	3	13	37·66	827·9	4·03	17·47	50·62	18·48	22·32	Dublin, 10 months; Newry and Drogheda, 2 months.	8
1st	West Riding Regiment - -	650	621	5	13	36·94	955·4	7·69	20·60	56·83	20·74	21·71	Dover and Lydd, 12 months - -	5
1st	Border Regiment - - -	639	719	4	14	43·60	1125·2	6·26	21·91	68·23	24·90	22·13	Woolwich, 12 months. Detachment at Purfleet.	4
1st	Royal Sussex Regiment - -	650	324	2	12	19·33	498·5	3·08	18·46	29·74	10·85	21·76	Fermoy, 12 months - - -	9
2nd	Hampshire Regiment - - -	709	429	1	21	28·92	605·1	1·41	29·62	40·79	14·89	24·61	Curragh, 12 months - - -	6
1st	South Staffordshire Regiment -	614	484	1	5	23·15	788·3	1·63	8·14	37·70	13·76	17·46	Bradford and Lichfield, 12 months -	1
2nd	Dorsetshire Regiment - -	733	450	—	8	29·60	613·9	—	10·91	40·38	14·74	24·01	Belfast, 12 months - - -	14

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	INFANTRY—*cont.*										days.	days.		
1st	South Lancashire Regiment	677	358	2	11	18·04	528·8	2·95	16·25	26·65	9·73	18·40	Birr, 5 months; Cork, 7 months	8
1st	Welsh Regiment	590	406	2	8	19·65	688·1	3·39	13·56	33·31	12·16	17·67	Pembroke Dock, 12 months. Detachment at Newport.	1
2nd	Royal Highlanders	613	485	4	9	26·45	791·2	6·53	14·68	43·15	15·75	19·91	Glasgow and Edinburgh, 12 months	16
1st	Oxfordshire Light Infantry	663	511	1	8	33·63	770·7	1·51	12·07	50·72	18·51	24·02	Kinsale, 5 months; Dublin, 7 months	7
1st	Essex Regiment	616	400	3	10	19·02	649·3	4·87	16·23	30·88	11·27	17·36	Fermoy, 12 months	10
1st	Derbyshire Regiment	754	750	2	18	48·64	994·7	2·65	23·87	64·51	23·55	23·67	Colchester, 5 months; Dublin, 7 months.	14
2nd	Loyal North Lancashire Regiment	689	444	3	10	20·14	644·4	4·35	14·51	29·23	10·67	16·56	Mullingar, 12 months	11
2nd	Northamptonshire Regiment	607	723	1	29	34·96	1191·1	1·65	47·77	57·59	21·02	17·65	Colchester, 12 months	9
2nd	Berkshire Regiment	671	488	1	7	27·74	727·3	1·49	10·43	41·34	15·09	20·75	Devonport, 7 months; Portland, 5 months.	16
2nd	Royal West Kent Regiment	641	241	4	3	13·99	376·0	6·24	4·68	21·83	7·96	21·17	Enniskillen and Londonderry, 12 months.	13
1st	Yorkshire Light Infantry	656	475	1	11	29·42	724·1	1·52	16·77	44·85	16·37	22·61	Belfast, 12 months	7
2nd	Shropshire Light Infantry	527	333	3	12	16·38	631·9	5·69	22·77	31·08	11·34	17·95	Cork, 5 months; Portland, 7 months	18
3rd	King's Royal Rifle Corps	518	376	2	8	18·87	725·9	3·86	15·44	36·43	13·30	18·32	Parkhurst, 12 months	8
4th	King's Royal Rifle Corps	665	468	2	8	28·22	703·7	3·70	12·03	42·44	15·49	22·01	Gosport, 5 months; Dover, 7 months	8
1st	Wiltshire Regiment	641	363	3	16	27·70	566·3	4·68	24·96	43·21	15·77	27·85	Aldershot, 12 months	19
1st	Manchester Regiment	615	416	1	3	17·20	676·4	1·63	4·88	27·97	10·21	15·09	Preston, 2 months; Limerick, 10 months.	18

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							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	INFANTRY—*cont.*										days.	days.		
2nd	North Staffordshire Regiment -	753	711	3	8	51·82	944·2	3·98	10·62	68·82	25·12	26·60	Dublin, 12 months. Detachment at Curragh.	6
1st	York and Lancaster Regiment -	602	302	3	10	15·80	501·7	4·98	16·61	26·24	9·58	19·09	Cork, 12 months - - - -	10
1st	Durham Light Infantry - -	613	249	—	7	11·69	406·2	—	11·42	19·07	6·96	17·13	Buttevant, 12 months - - -	7
1st	Highland Light Infantry - -	768	613	4	15	39·53	798·2	5·21	19·53	51·47	18·79	23·54	Aldershot, 12 months - - -	14
1st	Seaforth Highlanders - -	610	416	—	11	24·59	682·0	—	18·03	40·31	14·71	21·57	Tipperary, 12 months - - -	12
2nd	Gordon Highlanders - - -	654	529	4	11	31·53	808·9	6·12	16·82	48·21	17·60	21·76	Dublin, 5 months; Curragh, 1 month; Glasgow, 6 months.	13
1st	Royal Irish Rifles - - -	596	307	5	3	12·14	515·1	8·39	5·03	20·37	7·44	14·44	Newry and Drogheda, 9½ months; Brighton, 2½ months.	13
2nd	Royal Irish Fusiliers - - -	581	459	2	11	22·56	790·0	3·44	18·93	38·83	14·17	17·94	Newry and Drogheda, 9½ months; Curragh, 2½ months.	10
1st	Connaught Rangers - - -	538	453	1	9	35·11	842·0	1·86	16·73	65·26	23·82	28·29	Portsmouth, 12 months - - -	3
1st	Argyll and Sutherland Highlanders	678	453	6	16	32·89	668·1	8·85	23·60	48·51	17·71	26·51	Edinburgh, 5½ months; Aldershot, 6½ months.	3
2nd	Leinster Regiment - - -	624	470	1	15	31·77	753·2	1·60	24·04	50·91	18·58	24·67	Aldershot, 8½ months. To Malta -	—
1st	Royal Munster Fusiliers - -	725	528	3	17	36·31	728·3	4·14	23·45	50·08	18·28	25·10	Dublin, 5 months; Curragh, 7 months	11
1st	Royal Dublin Fusiliers - -	726	593	3	17	31·78	816·8	4·13	23·43	43·79	15·98	19·56	Sheffield, 12 months - - -	8
2nd	Rifle Brigade - - - -	696	379	1	5	29·08	544·5	1·44	7·18	41·78	15·25	27·50	Dublin and Curragh, 12 months -	14
4th	Rifle Brigade - - - -	636	438	1	19	34·28	688·7	1·57	29·87	53·90	19·67	28·56	Devonport, 5 months; Aldershot, 7 months.	4

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	INFANTRY—*cont.*										days.	days.		
	Mounted Infantry - - -	177	93	—	—	6·43	525·4	—	—	36·33	13·26	25·24	Aldershot, 12 months - - -	—
	Other Infantry - - -	1,089	625	—	47	79·14	573·9	—	43·16	72·67	26·52	46·21	Various.	—
	Total Infantry Regiments -	43,621	33,287	141	895	2054·81	763·1	3·23	20·52	47·10	17·19	22·53		
	REGIMENTAL DEPÔTS.													
Depôt	Royal Scots - - - -	135	47	—	1	2·45	348·1	—	7·41	18·15	6·62	19·02	Glencorse - - - -	Since formation.
"	Royal West Surrey Regiment -	164	194	3	1	6·92	1182·9	18·29	6·10	42·19	15·40	13·02	Guildford - - - -	"
"	East Kent Regiment - - -	71	32	—	—	1·43	450·7	—	—	20·14	7·35	16·31	Canterbury - - - -	"
"	Royal Lancaster Regiment - -	181	48	—	—	2·22	265·2	—	—	12·26	4·47	16·85	Lancaster - - - -	"
"	Northumberland Fusiliers - -	121	100	1	—	4·21	826·4	8·26	—	34·79	12·70	15·37	Newcastle-on-Tyne - - -	"
"	Royal Warwickshire Regiment -	170	64	1	—	1·99	376·5	5·88	—	11·70	4·27	11·34	Warwick - - - - -	"
"	Royal Fusiliers - - -	158	45	—	—	3·39	284·8	—	—	21·45	7·83	27·49	Hounslow - - - -	"
"	Liverpool Regiment - - -	142	39	1	1	1·78	274·6	7·04	7·04	12·53	4·57	16·64	Warrington - - - -	"
"	Norfolk Regiment - - -	160	58	1	4	2·41	362·5	6·25	25·00	15·06	5·50	15·17	Norwich - - - -	"
"	Lincolnshire Regiment - -	111	51	—	2	2·57	459·4	—	18·02	23·15	8·45	18·39	Lincoln - - - - -	"
"	Devonshire Regiment - -	139	57	2	1	2·83	410·1	14·39	7·19	20·36	7·43	18·12	Exeter - - - - -	"

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	REGIMENTAL DEPÔTS—*cont.*										days.	days.		
Depôt	Suffolk Regiment - - -	131	65	—	1	2·33	496·2	—	7·63	17·79	6·49	13·08	Bury St. Edmund's - - -	Since formation.
"	Somersetshire Light Infantry -	91	36	1	3	2·57	395·6	10·99	32·97	28·24	10·31	26·06	Taunton - - - - - -	"
"	West Yorkshire Regiment - -	180	137	1	8	8·77	761·1	5·55	44·44	48·72	17·78	23·36	York - - - - - -	"
"	East Yorkshire Regiment - -	119	42	—	—	1·53	352·9	—	—	12·86	4·69	13·29	Beverley - - - - - -	"
"	Bedfordshire Regiment - -	119	35	1	—	1·90	294·1	8·40	—	15·97	5·83	19·82	Bedford - - - - - -	"
"	Leicestershire Regiment - -	153	69	1	1	2·60	451·0	6·53	6·53	16·99	6·20	13·75	Leicester - - - - - -	"
"	Royal Irish Regiment - -	127	95	4	1	3·65	748·0	31·50	7·87	28·74	10·49	14·02	Clonmel - - - - - -	"
"	Yorkshire Regiment - - -	132	32	—	—	1·72	242·4	—	—	13·03	4·75	19·60	Richmond - - - - -	"
"	Lancashire Fusiliers - - -	181	50	1	1	2·18	276·2	5·52	5·52	12·04	4·39	15·89	Bury - - - - - -	"
"	Royal Scots Fusiliers - - -	122	69	—	3	2·69	565·6	—	24·59	22·05	8·04	14·22	Ayr - - - - - -	"
"	Cheshire Regiment - - -	158	88	—	1	3·54	557·0	—	6·33	22·40	8·18	14·68	Chester - - - - - -	"
"	Royal Welsh Fusiliers - -	145	50	—	4	2·27	344·8	—	27·59	15·65	5·71	16·56	Wrexham - - - - - -	"
"	South Wales Borderers - -	143	100	—	—	4·51	699·3	—	—	31·54	11·51	16·46	Brecon - - - - - -	"
"	King's Own Scottish Borderers -	119	93	—	6	3·82	781·5	—	50·42	32·10	11·72	14·99	Berwick-on-Tweed - - -	"
"	Scottish Rifles - - - -	147	85	—	5	4·10	578·2	—	34·01	27·89	10·18	17·61	Hamilton - - - - - -	"
"	Royal Inniskilling Fusiliers - -	158	53	—	—	1·52	335·4	—	—	9·62	3·51	10·47	Omagh - - - - - -	"

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	REGIMENTAL DEPÔTS—*cont.*										days.	days.		
Depôt	Gloucestershire Regiment	204	171	2	1	7·57	838·2	9·80	4·90	37·11	13·54	16·15	Horfield	Since formation.
„	Worcestershire Regiment	162	87	—	—	3·87	537·0	—	—	23·89	8·72	16·24	Worcester	„
„	East Lancashire Regiment	149	70	4	2	4·39	469·8	26·85	13·42	29·46	10·75	22·88	Burnley	„
„	East Surrey Regiment	180	84	1	2	4·06	466·7	5·55	11·11	22·56	8·23	17·63	Kingston-on-Thames	„
„	Duke of Cornwall's Light Infantry	156	129	1	—	3·42	826·9	6·41	—	21·92	8·00	9·07	Bodmin	„
„	West Riding Regiment	131	104	—	2	6·54	793·9	—	15·27	49·92	18·22	22·95	Halifax	„
„	Border Regiment	136	67	—	—	1·98	492·6	—	—	14·56	5·31	10·78	Carlisle	„
„	Royal Sussex Regiment	176	98	—	1	2·80	556·8	—	5·68	15·91	5·81	10·43	Chichester	„
„	Hampshire Regiment	175	83	2	2	4·59	474·3	11·43	11·43	26·23	9·57	20·18	Winchester	„
„	South Staffordshire Regiment	184	92	—	2	3·54	500·0	—	10·87	19·24	7·02	14·04	Lichfield	„
„	Dorsetshire Regiment	147	124	—	1	2·96	843·5	—	6·80	20·14	7·35	8·71	Dorchester	„
„	South Lancashire Regiment	147	51	—	—	1·54	346·9	—	—	10·48	3·83	11·04	Warrington	„
„	Welsh Regiment	150	115	1	2	4·66	766·7	6·67	13·33	31·07	11·34	14·79	Cardiff	„
„	Royal Highlanders	109	39	—	2	2·57	357·8	—	18·35	23·58	8·61	24·06	Perth	„
„	Oxfordshire Light Infantry	96	84	2	1	5·34	875·0	20·83	10·42	55·63	20·30	23·20	Oxford	„
„	Essex Regiment	179	84	—	—	3·23	469·3	—	—	18·04	6·58	14·03	Warley	„

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	REGIMENTAL DEPÔTS—*cont.*										days.	days.		
Depôt	Derbyshire Regiment - -	155	50	1	—	2·29	322·6	6·45	—	14·77	5·39	16·71	Derby - - - - - -	Since formation.
„	North Lancashire Regiment -	172	85	—	3	3·61	494·2	—	17·44	20·99	7·66	15·50	Preston - - - - - -	„
„	Northamptonshire Regiment -	132	82	—	2	2·21	621·2	—	15·15	16·74	6·11	9·84	Northampton - - - - -	„
„	Royal Berkshire Regiment - -	148	77	—	2	4·03	520·3	—	13·51	27·23	9·94	19·10	Reading - - - - - -	„
„	Royal West Kent Regiment - -	164	122	1	3	5·77	743·9	6·10	18·29	35·18	12·84	17·26	Maidstone - - - - -	„
„	Yorkshire Light Infantry - -	133	47	1	—	2·13	353·4	7·52	—	16·01	5·84	16·52	Pontefract - - - - -	„
„	Shropshire Light Infantry - -	154	20	—	—	·65	129·9	—	—	4·22	1·54	11·86	Shrewsbury - - - - -	„
„	Middlesex Regiment - - -	140	53	—	2	3·12	378·6	—	14·29	22·29	8·14	21·50	Hounslow - - - - -	„
„	Wiltshire Regiment - - -	128	73	—	—	2·76	570·3	—	—	21·56	7·87	13·80	Devizes - - - - - -	„
„	Manchester Regiment - -	174	138	—	6	4·75	793·1	—	34·48	27·30	9·96	12·56	Ashton-under-Lyne - - -	„
„	North Staffordshire Regiment -	168	77	—	—	2·44	458·3	—	—	14·52	5·30	11·56	Lichfield - - - - - -	„
„	York and Lancaster Regiment -	144	74	1	1	2·63	513·9	6·94	6·94	18·26	6·66	12·96	Pontefract - - - - -	„
„	Durham Light Infantry - -	138	98	—	—	3·53	710·1	—	--	25·58	9·34	13·15	Newcastle-on-Tyne - - -	„
„	Highland Light Infantry - -	174	93	—	5	2·34	534·5	—	28·74	13·45	4·91	9·19	Hamilton - - - - - -	„
„	Seaforth Highlanders - -	107	48	3	3	2·09	448·6	28·04	28·04	19·53	7·13	15·89	Fort George - - - - -	„
„	Gordon Highlanders - - -	116	15	2	—	·88	129·3	17·24	—	7·59	2·77	21·42	Aberdeen - - - - - -	„

Battery or Battalion.	Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalided.	Average Constantly Sick.	Ratio per 1,000 of Mean Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year, &c.	Years at Home since last return from Foreign Service.
							Admitted.	Died.	Invalided.	Average Constantly Sick.				
	REGIMENTAL DEPÔTS—*cont.*										days.	days.		
Depôt	Cameron Highlanders - -	186	74	3	4	3·06	307·8	16·13	21·50	16·45	6·00	15·08	Inverness - - - - - -	Since formation.
"	Royal Irish Rifles - - -	161	93	2	4	4·07	577·7	12·42	24·85	25·28	9·23	15·98	Belfast - - - - - -	"
"	Royal Irish Fusiliers - - -	156	36	1	—	1·80	230·8	6·41	—	11·54	4·21	18·24	Armagh - - - - - -	"
"	Connaught Rangers - - -	138	93	2	1	3·14	673·9	14·49	7·25	22·75	8·30	12·32	Galway - - - - - -	"
"	Argyll and Sutherland Highlanders	139	82	—	—	3·15	589·9	—	—	22·66	8·27	14·02	Stirling - - - - - -	"
"	Leinster Regiment - - -	168	96	1	1	4·68	571·4	5·95	5·95	27·86	10·17	17·79	Birr - - - - - -	"
"	Royal Munster Fusiliers - -	187	81	1	3	2·65	433·2	5·35	16·04	14·17	5·17	11·93	Tralee - - - - - -	"
"	Royal Dublin Fusiliers - -	124	58	2	2	2·51	467·7	16·13	16·13	20·24	7·39	15·80	Naas - - - - - -	"
"	King's Royal Rifle Corps and Rifle Brigade.	415	310	3	2	11·64	747·0	7·23	4·82	28·05	10·24	13·71	Winchester - - - -	"
"	Provisional Battalion - -	434	478	—	16	27·02	1101·4	—	36·87	62·26	22·72	20·63	Shorncliffe - - - -	"
"	Detached - - - - -	159	28	—	3	3·05	176·1	—	18·87	19·18	7·00	39·75	Various - - - - - -	"
	Total Regimental Depôts -	10,872	5,897	55	125	256·96	542·4	5·06	11·48	23·63	8·62	15·89		
	Garrison Staff and Departments -	7,128	2,414	25	77	168·77	338·7	3·51	10·80	23·08	8·64	25·52	Various.	

ABSTRACT No. XL.—Table, taken from the Reports of the Principal Medical Officers, showing the various Corps which served in the different Commands Abroad during the Year 1894, and some of the most important of their Health Statistics.

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	GIBRALTAR.															
	Royal Artillery.												days.	days.		
3rd	Eastern Division - -	159	125	1	—	1	3	9·21	786·2	6·29	18·87	57·92	21·14	26·89	Gibraltar, 9½ months. To India, 15th October.	8
5th	Eastern Division - -	224	158	—	—	—	3	10·66	705·4	—	13·39	47·59	17·37	24·63	Gibraltar, 12 months - - -	1
9th	Eastern Division - -	110	111	—	—	—	1	8·94	1009·1	—	9·09	81·27	29·66	29·40	Gibraltar, 7 months - - -	—
12th	Eastern Division - -	187	159	1	—	1	1	9·61	850·3	5·35	5·35	51·39	18·76	22·06	Gibraltar, 11 months. To India, 6th December.	8
14th	Eastern Division - -	28	17	—	—	—	—	1·38	607·1	—	—	49·29	17·99	29·63	Gibraltar, 1 month. From India, 24th November.	—
15th	Eastern Division - -	18	23	—	—	—	—	·79	1277·8	—	—	43·89	16·02	12·54	Gibraltar, 1 month. From India, 24th November.	—
17th	Eastern Division - -	134	121	1	—	1	3	10·42	903·0	7·46	22·39	77·76	28·38	31·43	Gibraltar, 7 months - - -	—
19th	Eastern Division - -	89	69	—	—	—	1	4·27	775·3	—	11·24	47·98	17·51	22·59	Gibraltar, 4 months - - -	7
24th	Eastern Division - -	97	87	1	—	1	1	5·16	896·9	10·31	10·31	53·20	19·42	21·65	Gibraltar, 11 months. To India, 6th December.	—
26th	Eastern Division - -	89	60	—	—	—	2	3·97	674·2	—	22·47	44·61	16·28	24·15	Gibraltar, 9½ months. To India, 15th October.	—
	District Establishment -	44	20	—	—	—	1	1·90	454·5	—	22·73	43·18	15·76	34·67		
	Total - - -	1,179	950	4	—	4	16	66·31	805·8	3·39	13·57	56·24	20·53	25·48		

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Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	GIBRALTAR—*cont.*												days.	days.		
	Royal Engineers	337	150	1	—	1	*10	9·97	445·1	2·97	*29·67	29·58	10·80	24·26	Gibraltar, 12 months	Various.
	Infantry Regiments.															
1st	West Yorkshire Regiment	22	12	—	—	—	—	·45	545·5	—	—	20·45	7·47	13·69	Gibraltar, 1 month. 24th November. From India.	—
2nd	East Lancashire Regiment	987	1,219	3	1	4	13	82·06	1235·1	4·05	13·17	83·14	30·35	24·57	Gibraltar, 12 months	1
1st	Middlesex Regiment	990	767	2	—	2	14	57·65	774·7	2·02	14·14	58·23	21·25	27·43	Gibraltar, 12 months	2
2nd	King's Royal Rifle Corps	1,008	708	2	1	3	7	53·51	702·4	2·98	6·94	53·09	19·38	27·59	Gibraltar, 12 months	3
	Other Corps	3	5	—	—	—	3	1·75	—	—	—	—	—	—		Various.
	Total	3,010	2,711	7	2	9	37	195·42	900·7	2·99	12·29	64·92	23·70	26·31		
	Garrison Staff and Departments.															
	Army Service Corps	56	43	—	—	—	1	2·05	767·9	—	17·86	36·61	13·36	17·40	Various	Various.
	Medical Staff Corps	71	49	—	—	—	—	2·46	690·1	—	—	34·65	12·65	18·32	"	"
	Ordnance Store Corps	34	11	—	—	—	1	1·24	323·5	—	29·41	36·47	13·31	41·15	"	"
	Garrison Staff, &c.	17	2	—	—	—	—	·12	117·6	—	—	7·06	2·58	21·90	"	"
	Total	178	105	—	—	—	2	5·87	589·9	—	11·24	32·98	12·04	20·41		
	Grand total	4,704	3,916	12	2	14	*65	277·57	835·2	2·98	*13·82	59·01	21·54	25·87		

* Includes 1 man discharged in the Command.

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	MALTA.															
	Royal Artillery.												days.	days.		
2nd	Southern Division	211	145	—	—	—	—	10·86	687·2	—	—	51·47	18·78	27·33	Upper St. Elmo and St. James' Cavalier, 10 months; Fort Tigne and Hutments, 2 months.	3
6th	Southern Division	201	130	2	—	2	2	8·60	646·8	9·95	9·95	42·78	15·61	24·14	Fort Tigne and Hutments, 12 months	7
12th	Southern Division	172	66	1	—	1	*5	4·67	383·7	5·81	*29·07	27·15	9·91	25·82	Fort Tigne and Hutments, 10 months. To Hong Kong, 24th October.	—
22nd	Southern Division	117	68	1	—	1	2	4·42	581·2	8·55	17·09	37·78	13·79	23·72	Upper St. Elmo and St. James' Cavalier, 9 months.	3
25th	Southern Division	134	56	—	—	—	1	5·44	417·9	—	7·46	40·50	14·82	35·45	Fort Tigne and Hutments, 9 months	7
27th	Southern Division	80	37	2	—	2	—	3·13	462·5	25·00	—	39·12	14·28	30·87	Fort Ricasoli, 3 months	4
29th	Southern Division	203	139	—	—	—	6	7·63	684·7	—	29·55	37·58	13·72	20·03	Fort Ricasoli, 12 months	3
30th	Southern Division	9	2	—	—	—	—	·04	222·2	—	—	4·44	1·62	7·30	Malta, 2 months. From England, 24th October.	—
35th	Southern Division	78	54	—	—	—	2	3·75	692·3	—	25·64	48·08	17·54	25·34	Fort Tigne and Hutments, 7 months. To Hong Kong, 24th October.	7
36th	Southern Division	99	41	—	—	—	1	2·58	414·1	—	10·10	26·06	9·51	22·97	Fort Ricasoli, 7 months; Upper St. Elmo, 2 months.	5
	District Establishment	20	3	—	—	—	—	·24	150·0	—	—	12·00	4·38	29·20	St. James' Cavalier, 2 months. Abolished as a separate unit, 1st March.	Various.
	Total	1,324	741	6	—	6	19	51·36	559·7	4·53	14·35	38·79	14·16	25·30		
	Royal Engineers	274	92	4	1	5	5	4·16	335·8	18·24	18·24	15·18	5·54	16·50	St. Francis' Barracks, Floriana, 12 months.	Various.

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* Includes 2 men (1 of the Artillery and 1 Infantry) discharged in the Command.

Battery, Company, or Batt^n	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	MALTA—*cont.*															
	Infantry Regiments.												days.	days.		
1st	Royal West Surrey Regiment	917	647	4	—	4	7	47·49	705·6	4·36	7·63	51·78	18·90	26·79	Floriana and Nôtre Dame Barracks, 12 months.	3
1st	Gloucestershire Regiment -	981	818	3	1	4	8	70·97	833·8	4·07	8·15	72·34	26·40	31·06	Pembroke Camp Barracks, 12 months	2
2nd	East Surrey Regiment -	924	739	9	—	9	8	46·05	799·8	9·74	8·65	40·83	18·19	22·74	Isola Gate District, 12 months -	2
1st	North Staffordshire Regiment	972	542	8	—	8	*16	39·91	557·6	8·23	*16·46	41·06	14·98	26·87	Verdala Barracks, 12 months - -	2
1st	Cameron Highlanders - -	956	616	2	—	2	17	46·11	644·3	2·09	17·78	48·25	17·61	27·32	Lower St. Elmo, 12 months - -	2
2nd	Royal Irish Rifles - -	847	409	3	—	3	4	27·88	482·9	3·54	4·72	32·91	12·01	24·88	Fort Manoel and Hutments, 10½ months. To India, 18th November.	—
2nd	Connaught Rangers - -	447	215	3	—	3	3	12·22	481·0	6·71	6·71	27·34	9·98	20·74	Fort Chambray, Gozo, 10½ months; Fort Manoel and Hutments, 1½ months.	5
2nd	Leinster Regiment - -	63	159	—	—	—	—	7·20	2523·8	—	—	114·28	41·71	16·53	Fort Chambray, Gozo, 1½ months. From England, 18th November.	—
	Other Corps - - -	5	—	—	—	—	—	·03	—	—	—	6·00	2·19	—	- - - - - -	Various.
	Total - -	6,112	4,145	32	1	33	63	297·86	678·2	5·40	10·30	48·73	17·78	26·23		
	Garrison Staff and Departments.															
	Medical Staff Corps - -	120	63	1	—	1	5	4·10	525·0	8·33	41·66	34·16	12·47	23·75	Various - - - - -	"
	Other Staff and Departmental Corps.	81	18	1	—	1	—	1·37	222·2	12·34	—	16·91	6·17	27·78	" - - - - - -	"
	Total - - -	201	81	2	—	2	5	5·47	403·0	9·95	24·87	27·21	9·93	24·65		
	Grand Total -	7,911	5,059	44	2	46	*92	358·85	639·5	5·81	*11·62	45·36	16·55	25·89		

* Includes 2 men (1 of the Artillery and 1 Infantry) in the Command.

Battery, Company, or Bn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	CYPRUS.												days.	days.		
	Royal Engineers -	3	—	—	—	—	—	—	—	—	—	—	—	—	Limassol, 8 months; Troodos, 4 months.	Various.
	Infantry Regiments.															
2nd	Connaught Rangers - -	535	312	2	—	2	9	21·45	583·2	3·74	16·82	40·09	14·63	25·09	Polymedia, 8 months; Troodos, 4 months. Detachment Nicosia.	5
	Garrison Staff and Departments.	41	5	—	—	—	1	·19	121·9	—	24·39	4·63	1·69	13·87	Various - - - - -	Various.
	Grand Total -	579	317	2	—	2	10	21·64	547·5	3·45	17·27	37·37	13·64	24·91		
	CANADA.															
	Royal Artillery.															
1st	Western Division - -	26	19	—	—	—	—	·57	730·8	—	—	21·92	8·00	10·95	Halifax, 1 months. From Bermuda, 27th November.	—
3rd	Western Division - -	191	100	—	—	—	3	5·31	523·6	—	15·71	27·78	10·15	19·38	Halifax, 11 months. To Bermuda, 29th November.	4
23rd	Western Division - -	119	38	—	1	1	2	1·45	319·3	8·40	16·81	12·18	4·45	13·93	Halifax, 6 months. To St. Lucia, 29th November.	—
	Total - - -	336	157	—	1	1	5	7·33	467·3	2·98	14·88	21·82	7·96	17·04		

Battery, pany, or	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	CANADA—*cont.*															
	Royal Engineers.												days.	days.		
18th	Company	114	25	1	—	1	—	·87	219·3	8·77	—	7·63	2·79	12·72	Halifax, 12 months. Detachment Esquimalt.	7
40th	Company	61	23	—	—	—	—	·85	377·0	—	—	13·93	5·08	13·49	Halifax, 12 months	6
	Total	175	48	1	—	1	—	1·72	274·3	5·71	—	9·83	3·59	13·08		
	Infantry Regiments.															
1st	Liverpool Regiment	884	452	3	1	4	*12	21·28	511·3	4·52	*13·57	24·08	8·79	17·18	Halifax, 12 months	1
	Garrison Staff and Departments.	48	7	—	—	—	—	·27	145·8	—	—	5·62	2·05	14·08	Halifax, 12 months	Various.
	Grand Total	1,443	664	4	2	6	*17	30·60	460·1	4·16	*11·78	21·20	7·74	16·82		
	BERMUDA.															
	Royal Artillery.															
1st	Western Division	156	77	1	—	1	—	4·68	493·6	6·41	—	30·00	10·95	22·19	St. George's, 11 months. Detachment Prospect. To Halifax, 23rd November.	4
3rd	Western Division	13	23	—	—	—	—	·90	1769·2	—	—	69·23	25·27	14·28	St. George's, 1 month. From Halifax, 3rd December.	—
20th	Western Division	120	80	2	—	2	1	4·87	666·7	16·67	8·33	40·58	14·81	22·22	St. George's, 12 months. Detachments Prospect and Ireland Island.	4
	Total	289	180	3	—	3	1	10·45	622·8	10·38	3·46	36·16	13·20	21·19		

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* Includes 1 man discharged in the Command.

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	BERMUDA—*cont.*															
	Royal Engineers.												days.	days.		
27th	Company - - -	72	23	2	—	2	—	·94	319·4	27·78	—	13·05	4·77	14·92	St. George's, 12 months. Detachment Boaz.	6
36th	Company - - -	87	37	—	—	—	1	1·55	425·3	—	11·49	17·82	6·50	15·29	Prospect, 12 months. Detachment Boaz.	4
	Total - - -	159	60	2	—	2	1	2·49	377·4	12·58	6·29	15·66	5·72	15·15		
	Infantry Regiment.															
1st	Royal Berkshire Regiment -	893	415	6	1	7	5	21·39	464·7	7·84	5·60	23·95	8·74	18·81	Prospect, 12 months. Detachments St. George's, Ireland Island, and Boaz.	1
	Garrison Staff and Departments.															
	Army Service Corps - -	11	1	—	—	—	1	·04	90·9	—	90·9	3·63	1·33	14·60	Various stations - - -	Various.
	Medical Staff Corps - -	22	5	—	—	—	—	·30	227·3	—	—	13·63	4·98	21·90	" - - - - -	"
	Ordnance Store Corps - -	30	16	—	—	—	—	1·31	533·3	—	—	43·67	15·94	29·88	" - - - - -	"
	Garrison Staff - - -	6	1	—	—	—	—	—	166·6	—	—	—	—	—	" - - - - -	"
	Total - - -	69	23	—	—	—	1	1·65	333·3	—	14·49	23·91	8·73	26·18		
	Grand Total -	1,410	678	11	1	12	8	35·98	480·8	8·51	5·67	25·52	9·31	19·37		

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	West Indies.															
	(Barbados, &c.)															
	Royal Artillery.												days.	days.		
19th	Western Division - -	96	81	—	—	—	2	4·35	843·7	—	20·83	45·31	16·54	19·60	Barbados and St. Lucia, 11 months -	3
23rd	Western Division - -	9	22	—	—	—	—	·48	2444·4	—	—	53·33	19·47	7·96	Barbados and St. Lucia, 1 month -	3
	District Establishment, &c. -	21	35	1	—	1	—	2·53	1666·7	47·62	—	120·47	43·97	26·38	Barbados and St. Lucia, 12 months -	3
	Total - -	126	138	1	—	1	2	7·36	1095·2	7·94	15·87	58·41	21·32	19·47		
	Royal Engineers -	17	7	1	—	1	—	·27	411·8	58·82	—	15·88	5·80	14·08	Barbados and St. Lucia, 12 months -	4
	Infantry Regiments.															
1st	Leicestershire Regiment -	597	889	3	—	3	19	50·17	1489·1	5·03	31·83	84·04	30·67	20·60	Barbados and St. Lucia, 12 months -	2
2nd	West India Regiment - -	5	—	—	—	—	—	—	—	—	—	—	—	—		
	Total - -	602	889	3	—	3	19	50·17	1476·7	4·98	31·56	83·23	30·38	20·57		
	Garrison Staff and Departments.	30	6	1	—	1	1	·27	200·0	33·33	33·33	9·00	3·28	16·42	Barbados and St. Lucia, 12 months -	Various.
	Total, Barbados, &c. -	775	1,040	6	—	6	22	58·07	1341·9	7·74	28·39	74·93	27·35	20·38		

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	WEST INDIES—*cont.*															
	(JAMAICA.)															
	Royal Artillery.												days.	days.		
10th	Western Division - -	12	6	—	—	—	—	·28	500·0	—	—	23·33	8·52	7·03	Up Park Camp, Newcastle, and Port Royal. To England, 20th February.	4
14th	Western Division - -	115	187	2	—	2	1	8·25	1626·1	17·39	8·69	71·74	26·18	16·10	Up Park Camp, Newcastle, and Port Royal. From England, 16th February.	—
	District Staff - - -	2	1	—	—	—	—	·02	—	—	—	—	—	—		
	Total - -	129	194	2	—	2	1	8·55	1503·9	15·50	7·75	66·28	24·19	16·09		
	Royal Engineers -	43	24	—	—	—	—	·83	558·1	—	—	19·30	7·04	12·61	Various stations - - -	Various.
	Infantry Regiments.															
1st	Leicestershire Regiment -	339	316	1	—	1	2	14·41	932·1	2·95	5·90	42·51	15·52	16·64	Up Park Camp and Newcastle, 12 months.	1
2nd	West India Regiment - -	16	5	—	—	—	1	·14	312·5	—	62·50	8·75	3·19	10·21	Up Park Camp, 12 months - -	—
	Total - -	355	321	1	—	1	3	14·55	904·2	2·81	8·45	40·98	14·96	16·54		
	Garrison Staff and Departments.	35	18	1	—	1	—	·95	514·3	28·57	—	27·14	9·91	19·26	Various stations - - -	Various.
	Total, Jamaica - -	562	557	4	—	4	4	24·88	991·1	7·12	7·12	44·27	16·16	16·30		
	Grand Total, West Indies -	1,337	1,597	10	—	10	26	82·95	1194·5	7·48	19·45	62·04	22·64	18·95		

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	SOUTH AFRICA AND ST. HELENA.															
	Cavalry.															
3rd	Dragoon Guards - -	446	288	1	—	1	4	17·54	645·7	2·24	8·97	39·34	14·36	22·23	Pietermaritzburg, 12 months -	2
	Royal Artillery.															
10th	Mountain Battery - -	168	155	2	—	2	4	12·65	922·6	11·90	23·81	75·30	27·48	29·79	Pietermaritzburg, 12 months - -	1
24th	Western Division - -	114	110	—	1	1	4	9·43	964·9	8·77	35·09	82·72	30·19	31·29	Cape Town, 7 months. To Mauritius, 8th August.	7
25th	Western Division - -	59	141	—	—	—	3	8·22	2389·8	—	50·85	139·32	50·85	21·28	Cape Town, 4 months. From Mauritius, 7th September.	—
	St. Helena Detachment -	77	49	—	—	—	—	3·03	636·4	—	—	39·35	14·36	22·57	St. Helena, 12 months - -	5
	District Establishment -	48	6	—	—	—	—	·37	125·0	—	—	7·71	2·81	22·51	Cape Town and Simonstown, 12 months.	—
	Total - -	466	461	2	1	3	11	33·70	989·3	6·44	23·60	72·32	26·40	26·08		
	Royal Engineers.															
29th	Company - - -	103	66	—	—	—	1	3·71	640·8	—	9·71	36·02	13·15	20·52	Cape Town and detachments at various stations, 12 months.	8
	Infantry Regiments.															
1st	Royal Highlanders - -	407	442	2	1	3	7	31·15	1086·0	7·37	17·20	76·54	27·94	25·72	Cape Town, 12 months. 4 companies to Mauritius, 8th August; 4 companies from Mauritius, 8th August.	1

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	South Africa and St. Helena—*cont.*															
	Infantry Regiments—cont.												days.	days.		
2nd	West Riding Regiment	732	633	4	1	5	13	44·19	864·8	6·83	17·76	60·37	22·03	23·48	Wynberg, 8 months; Pietermaritzburg, 4 months.	1
2nd	York and Lancaster Regiment	840	808	8	—	8	13	41·13	961·9	9·52	15·48	48·96	17·87	18·58	Pietermaritzburg, 8½ months; Wynberg, 3½ months.	3
	Other Corps	—	5	—	—	—	1	·25	—	—	—	—	—	—		
	Total	1,979	1,888	14	2	16	34	116·72	954·0	8·08	17·18	58·98	21·53	22·57		
	Garrison Staff and Departments.												days.	days.		
	Army Service Corps	38	8	—	—	—	—	·28	210·5	—	—	7·37	2·69	12·78	Various stations	Various.
	Medical Staff Corps	80	32	—	—	—	—	2·22	400·0	—	—	27·75	10·13	25·32	"	"
	Ordnance Store Corps	39	8	—	—	—	—	·52	205·1	—	—	13·33	4·87	23·78	"	"
	Garrison Staff	21	3	—	—	—	—	·06	142·9	—	—	2·86	1·04	7·30	"	"
	Total	178	51	—	—	—	—	3·08	286·5	—	—	17·30	6·32	22·04		
	Grand Total	3,172	2,754	17	3	20	50	174·75	868·2	6·30	15·76	55·09	20·11	23·16		
	Mauritius.															
	Royal Artillery.															
24th	Western Division	40	63	—	—	—	—	3·74	1575·0	—	—	93·66	34·19	21·71	Port Louis, 4 months. From South Africa.	—

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	MAURITIUS—*cont.*															
	Royal Artillery—cont.												days.	days.		
25th	Western Division	53	78	3	—	3	2	3·35	1471·7	56·60	37·74	63·20	23·07	15·68	Port Louis and Curepipe, 8 months. To South Africa.	3
	Other Artillery	6	6	—	—	—	—	·41	1000·0	—	—	68·33	24·94	24·94	Port Louis and Curepipe	—
	Total	99	147	3	—	3	2	7·50	1484·8	30·30	20·20	75·76	27·65	18·62		
	Royal Engineers	25	18	—	—	—	1	·97	720·0	—	40·00	38·80	14·16	19·67	Port Louis and Curepipe	Various.
	Infantry Regiment.															
1st	Royal Highlanders	441	580	3	—	3	9	32·61	1315·2	6·80	20·41	73·95	26·99	20·52	Port Louis and Curepipe	1
	Garrison Staff and Departments.	18	14	—	—	—	—	·84	777·8	—	—	46·66	17·03	21·90	Port Louis and Curepipe	Various.
	Grand Total	583	759	6	—	6	12	41·92	1301·9	10·29	20·58	71·90	26·24	20·16		
	CEYLON.															
	Royal Artillery.															
16th	Southern Division	249	207	8	—	8	10	11·55	831·3	32·13	40·16	46·39	16·93	20·37	Colombo and Trincomali, 12 months	8
	Royal Engineers	79	29	—	—	—	1	1·40	367·1	—	12·66	17·72	6·47	17·62	Colombo and Trincomali, 12 months	Various.

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	CEYLON—*cont.*															
	Infantry Regiment.												days.	days.		
2nd	Royal Warwickshire Regiment.	1,042	1,073	6	1	7	20	63·08	1029·8	6·72	19·19	60·54	22·10	21·46	Colombo, 12 months. Detachments Trincomali and Kandy.	2
	Garrison Staff and Departments.	41	13	—	—	—	1	·34	317·1	—	24·39	8·29	3·03	9·55	Various stations - - -	Various.
	Grand Total -	1,411	1,322	14	1	15	32	76·37	936·9	10·63	22·68	54·12	19·76	21·09		
	CHINA.															
	Royal Artillery.															
8th	Southern Division - -	86	82	1	—	1	5	4·92	953·5	11·63	58·14	57·21	20·88	21·90	Hong Kong, 11 months. To Malta, 7th December.	—
12th	Southern Division - -	13	33	—	—	—	—	1·01	2538·5	—	—	77·69	28·36	11·17	Hong Kong, 1 month. From Malta, 28th November.	—
30th	Southern Division - -	147	173	2	—	2	6	12·29	1176·9	13·61	40·82	83·61	30·52	25·93	Hong Kong, 11 months. To Malta, 7th December.	—
35th	Southern Division - -	14	19	1	—	1	—	·70	1357·1	71·43	—	50·00	18·25	13·45	Hong Kong, 1 month. From Malta, 25th November.	—
	Total - - -	260	307	4	—	4	11	18·92	1180·8	15·38	42·31	72·77	26·56	22·51		
	Royal Engineers -	133	82	4	—	4	8	4·31	616·5	30·07	60·15	32·41	11·83	19·19	Hong Kong, 12 months - -	—

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	CHINA—*cont.*															
	Infantry Regiments.												days.	days.		
1st	Shropshire Light Infantry -	951	1,490	13	2	15	81	84·78	1566·9	15·77	85·17	89·15	32·54	20·77	Hong Kong, 12 months. To India, 22nd December.	3
1st	Rifle Brigade - - -	57	128	1	—	1	—	3·82	2245·6	17·54	—	67·02	24·46	10·89	Hong Kong. ½ month. From India, 18th December.	—
	Total - - -	1,008	1,618	14	2	16	81	88·60	1605·1	15·87	80·36	87·90	32·08	19·98		
	Garrison Staff and Departments.	45	28	2	—	2	—	·92	622·2	44·44	—	20·44	7·46	11·99	Hong Kong, 12 months - -	Various.
	Grand total -	1,446	2,035	24	2	26	100	112·75	1407·3	17·98	69·16	77·97	28·46	20·22		
	STRAITS SETTLEMENTS.															
	Royal Artillery.															
25th	Southern Division - -	2	2	—	—	—	—	·15	1000·0	—	—	75·00	27·37	27·37	Detachment from Malta, 21st November. Blakin Mati, 1 month.	—
26th	Southern Division - -	201	182	2	1	3	3	12·01	905·5	14·92	14·92	59·75	21·81	24·09	Fort Canning, Blakin Mati, and outlying Forts, 12 months.	4
	Total - - -	203	184	2	1	3	3	12·16	906·4	14·78	14·78	59·90	21·87	24·13		
	Royal Engineers -	87	49	—	—	—	—	2·89	563·2	—	—	33·22	12·12	21·53	Pulo Brani, Fort Canning, and Tanglin, 12 months.	Various.
	Infantry Regiment.															
2nd	Lincolnshire Regiment -	992	763	8	—	8	20	55·06	769·2	8·06	20·16	55·50	20·26	26·21	Tanglin, Fort Canning, and Penang, 12 months.	2

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command.	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	Straits Settlements—*cont.*												days.	days.		
	Garrison Staff and Departments.	35	12	1	—	1	—	1·05	342·9	28·57	—	30·00	10·95	31·94	Tanglin, Fort Canning, and Penang, 12 months.	Various.
	Grand total -	1,317	1,008	11	1	12	23	71·16	765·4	9·11	17·46	54·03	19·72	25·76		
	Egypt.															
	Cavalry.															
2nd	Dragoon Guards - -	104	298	2	—	2	—	15·87	2865·4	19·23	—	152·59	55·69	19·43	Abbassiyeh, 2 months. From India -	—
7th	Dragoon Guards - -	393	293	3	1	4	1	20·57	745·5	10·18	2·54	52·34	19·10	25·62	Abbassiyeh, 10 months. To England	1
	Total - - -	497	591	5	1	6	1	36·44	1189·1	12·07	2·01	73·32	26·76	22·50		
	Royal Artillery.															
32d	Field Artillery - - -	179	144	3	—	3	2	12·87	804·4	16·76	11·17	71·89	26·24	32·62	Abbassiyeh, 12 months - -	1
10th	Eastern Division - -	131	125	1	—	1	3	8·10	954·2	7·63	22·90	61·83	22·56	23·65	Cairo and Alexandria, 12 months -	9
	Total - - -	310	269	4	—	4	5	20·97	867·7	12·90	16·12	67·64	24·69	28·45		
	Royal Engineers.															
2nd	Company - - -	16	6	—	—	—	—	·40	375·0	—	—	25·00	9·12	24·33	Cairo and Alexandria, 2 months. From Malta.	—
24th	Company - - -	78	35	1	—	1	—	1·80	448·7	12·82	—	23·07	8·42	18·77	Cairo and Alexandria, 10 months. To Malta.	8
	Supernumerary Staff - -	7	2	—	—	—	—	·05	285·7	—	—	7·14	2·61	9·12	Cairo, 12 months - - -	Various.
	Total - - -	101	43	1	—	1	—	2·25	425·7	9·90	—	22·27	8·13	19·09		

Battery, Company, or Battn.	Corps and Commands.	Average Annual Strength.	Admitted into Hospital.	Deaths.			Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in Command.
				In the Command	Of Invalids.	Total.			Admitted.	Died.	Invalided.	Constantly Sick.				
	EGYPT—*cont.* *Infantry Regiments.*												days.	days.		
1st	East Yorkshire Regiment -	888	1,114	5	1	6	18	82·43	1254·5	6·76	20·27	92·82	33·88	27·01	Alexandria, 12 months - - -	1
1st	South Wales Borderers -	1,007	1,150	8	—	8	12	83·26	1142·0	7·94	11·91	82·68	30·17	26·33	Cairo, 12 months - - -	2
2nd	South Staffordshire Regiment	1,002	900	8	—	8	14	67·00	898·2	7·98	13·97	66·86	24·40	27·17	Cairo, 12 months - - -	1
2nd	South Lancashire Regiment -	984	1,134	8	—	8	14	88·49	1152·4	8·13	14·22	89·92	32·82	28·48	Abbassiyeh, 12 months - - -	1
2nd	Connaught Rangers - -	14	13	—	—	—	—	3·83	928·5	—	—	237·57	99·85	107·54	N.C.O.'s and men awaiting passage to England.	Various.
	Mounted Infantry - -	123	126	1	—	1	—	7·16	1025·2	8·13	—	58·21	21·24	20·74	Abbassiyeh, 12 months - -	"
	Other Infantry - - -	—	2	1	—	1	4	1·78	—	—	—	—	—	—	- - - - - -	"
	Total - - -	4,018	4,439	31	1	32	62	333·95	1104·7	7·96	15·43	83·11	30·33	27·45		
	Garrison Staff and Departments.															
	Army Service Corps - -	60	16	1	—	1	—	1·04	266·6	16·66	—	17·33	6·32	23·72	Various stations - - -	Various.
	Medical Staff Corps - -	109	76	—	—	—	1	4·71	697·3	—	9·17	43·21	15·77	22·62	" - - -	"
	Ordnance Store Corps - -	48	25	—	—	—	—	1·49	520·8	—	—	31·04	11·33	21·75	" - - -	"
	Army Pay Corps - -	70	5	—	—	—	—	·28	500·0	—	—	28·00	10·22	20·44	" - - -	"
	Military Police - - -	68	25	1	—	1	—	1·73	367·3	14·76	—	25·44	9·28	25·26	" - -	"
	Garrison Staff - - -	5	—	—	—	—	—	—	—	—	—	—	—	—		
	Total - - -	300	147	2	—	2	1	9·25	490·0	6·66	3·33	30·83	11·25	22·96		
	Grand Total -	5,226	5,489	43	2	45	69	402·86	1050·3	8·61	13·20	77·09	28·14	26·79		

ABSTRACT No. XLI.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the ADMISSIONS, MORTALITY, and INVALIDING in each CORPS serving in the BENGAL COMMAND during the Year 1894.

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.					
CAVALRY.										days.	days.		yrs.	mo.
2nd Dragoon Guards	486	817	4	13	48·41	1681·1	8·23	26·75	99·61	36·36	21·63	Rawal Pindi, 9¼ months (left for Egypt on 6th October 1894); Dett. Topa, 4 months.	8	9
4th ” ”	125	172	2	—	8·09	1376·0	16·00	—	64·72	23·62	17·17	Rawal Pindi, 2½ months (arrived from England on 14th October 1894).	0	3
5th ” ”	563	876	15	8	54·77	1556·0	26·64	14·21	97·28	35·51	22·82	Meerut, 12 months	1	2½
5th Lancers	604	943	5	6	46·70	1561·3	8·28	9·93	77·32	28·22	18·08	Muttra, 12 months	6	0
11th Hussars	648	642	2	11	31·55	990·7	3·09	16·98	48·69	17·77	17·94	Sialkot, 10½ months; marching, 1½ months	2	1
16th Lancers	611	752	8	22	58·15	1230·8	13·09	36·01	95·17	34·74	28·22	Lucknow, 12 months	4	3
18th Hussars	613	859	13	25	57·94	1401·3	21·21	40·78	94·52	34·50	24·62	Umballa, 10½ months; marching, 1½ months	5	0½
Total	3,650	5,061	49	85	305·61	1386·6	13·42	23·29	83·73	30·56	22·04			
ARTILLERY.														
A Battery, R.H.A.	151	228	1	3	12·60	1509·9	6·62	19·87	79·47	29·01	19·21	Umballa, 10 months; marching, 2 months; Dett. Kasauli, 9 months.	5	2
B ” ”	173	219	—	4	12·73	1265·9	—	23·12	73·58	26·86	21·22	Rawal Pindi, 11½ months; Campbellpore, ½ month; Dett. Topa, 5 months.	5	2
C ” ”	151	179	3	4	13·95	1185·4	19·87	26·49	92·38	33·72	28·45	Meerut, 11½ months; marching, ½ month; Dett. Landour, 6 months.	5	2

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength. Admissions into Hospital.	Ratio per 1,000 of Strength. Deaths.	Ratio per 1,000 of Strength. Invalids.	Ratio per 1,000 of Strength. Constantly Sick.	Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India. yrs.	Years of Service in India. mo.
ARTILLERY—*cont.*										days.	days.		yrs.	mo.
H Battery, R.H.A.	152	244	4	4	12·70	1605·3	26·32	26·32	83·55	30·50	10·00	Umballa, 10½ months; marching, 1½ months; Dett. Kasauli, 9 months.	5	2
K " "	143	182	7	3	10·95	1272·7	48·95	20·98	76·57	27·95	21·96	Lucknow, 10¾ months; marching, 1¼ months	3	2
N " "	154	215	8	4	15·97	1396·1	51·95	25·97	103·70	37·85	27·11	Meerut, 11½ months; marching, ½ month; Dett. Landour, 6 months.	9	1½
Q " "	149	145	1	2	6·88	973·2	6·71	13·42	46·17	16·85	17·32	Sialkot, 10½ months; marching, 1½ months; Dett. Topa, 5 months.	14	0
2nd Field Battery, R.A.	154	199	8	2	14·56	1292·2	51·95	12·99	94·55	34·51	26·71	Lucknow, 11 months; marching, 1 month	13	11½
6th " "	146	256	3	2	13·22	1753·4	20·55	13·70	90·55	33·05	18·85	Saugor, 12 months	3	2
8th " "	153	307	3	3	17·15	2006·5	19·61	19·61	112·09	40·91	20·39	Jhansi, 10 months; marching, 2 months	13	11½
9th " "	151	172	2	4	9·65	1139·1	13·25	26·49	63·91	23·33	20·48	Agra, 9½ months; marching, 2½ months	11	2
10th " "	159	306	—	3	16·57	1924·5	—	18·87	104·21	38·04	19·76	Rawal Pindi, 11 months; Campbellpore, ¼ month; marching, ¾ month; Dett. Topa, 5 months.	10	2
15th " "	153	270	3	1	15·98	1764·7	19·61	6·54	104·44	38·12	21·60	Campbellpore, 11¼ months; Peshawar, ½ month; marching, ¼ month.	7	0
17th " "	144	275	4	1	15·06	1909·7	27·78	6·94	104·58	38·17	19·99	Jubbulpore, 9¾ months; marching, 1 month (arrived from Neemuch on 10th February 1894).	11	2
24th " "	160	322	7	9	21·17	2012·5	43·75	56·25	132·31	48·29	24·00	Mian Mir, 10 months; marching, 2 months	4	2
31st " "	151	175	7	2	10·67	1158·9	46·36	13·25	70·66	25·79	22·25	Lucknow, ½ month; Cawnpore, 11½ months	6	2
34th " "	151	110	3	2	7·47	728·5	19·87	13·25	49·47	18·06	24·79	Meerut, 10¾ months; marching, 1¼ months	4	2
39th " "	153	240	3	1	19·41	1568·6	19·61	6·54	126·86	46·30	29·52	Fyzabad, 9 months; marching, 3 months	13	11½
43rd " "	141	293	6	6	16·74	2078·0	42·55	42·55	118·72	43·33	20·85	Calcutta, 1 month; Barrackpore, 11 months	14	0

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.					
ARTILLERY—*cont.*										days.	days.		yrs.	mo.
46th Field Battery, R.A.	150	321	7	1	16·60	2140·0	46·67	6·67	110·67	40·39	18·88	Mian Mir, 11 months; marching, 1 month	4	2
48th " "	137	205	1	6	9·49	1496·4	7·30	43·80	69·27	25·28	16·90	Bareilly, 9 months; marching, 3 months	7	2
50th " "	145	360	4	7	17·87	2482·8	27·59	48·28	123·24	44·98	18·12	Peshawar, 9¾ months; marching, 2¼ months	8	0
51st " "	149	168	4	2	10·14	1127·5	26·85	13·42	68·05	24·84	22·03	Meerut, 10 months; marching, 2 months	4	2
54th " "	152	201	2	2	12·68	1322·4	13·16	13·16	83·42	30·45	23·03	Allahabad, 11 months; marching, 1 month	4	2
59th " "	128	348	5	—	18·03	2718·7	39·06	—	140·86	51·41	18·91	Nowgong, 9½ months; marching, 1 month (arrived from Neemuch on 16th February 1894).	10	2
60th " "	170	244	—	5	12·64	1435·3	—	29·41	74·35	27·14	18·91	Rawal Pindi, ¾ month; Multan, 10¼ months; marching, 1¼ months; Dett. Dalhousie, 12 months.	8	0
65th " "	30	18	—	4	·31	600·0	—	133·33	10·33	3·77	6·29	Marching, 2¼ months (left for Neemuch on 7th March 1894).	14	0
68th " "	148	171	2	3	9·16	1155·4	13·51	20·27	61·89	22·59	19·55	Jullundur, 10½ months; marching, 1½ months	13	11½
70th " "	121	196	2	6	11·41	1619·8	16·53	49·59	94·30	34·42	21·25	Dinapore, 9¾ months: Lucknow, ¼ month; marching, 2 months.	8	1½
71st " "	146	284	2	3	9·84	1945·2	13·70	20·55	67·40	24·60	12·65	Ferozepore, 9 months; marching, 3 months	7	0
No. 1 Mountain Battery, R.A.	101	119	—	—	6·54	1178·2	—	—	64·75	23·63	20·06	Jutogh, 7 months; marching, 5 months	11	2
" 2 " " "	102	105	—	3	5·13	1029·4	—	29·41	50·29	18·36	17·83	Jutogh, 7 months; marching, 5 months	8	11
" 3 " " "	107	135	3	5	9·63	1261·7	28·04	46·73	90·00	32·85	26·04	Rawal Pindi, 6 months; Kalabagh, 5½ months; marching, ½ month.	16	1
" 5 " " "	96	184	2	2	8·04	1916·7	20·83	20·83	83·75	30·57	15·95	Quetta, 12 months	16	1
" 6 " " "	93	77	1	1	4·82	828·9	10·75	10·75	51·83	18·92	22·85	Darjeeling, 10¼ months; marching 1¾ months	9	2

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.					
ARTILLERY—*cont.*										days.	days.		yrs.	mo.
No. 8 Mountain Battery, R.A.	102	97			6·71	951·0	9·80	9·80	65·78	24·01	25·25	Rawal Pindi, 5½ months; Khyra Gali, 5¾ months; marching, ¾ month.	7	2
„ 9 „ „ „ -	105	150	2		8·42	1428·6	19·05	9·52	80·19	29·27	20·40	Rawal Pindi, 6¼ months; Bara Gali, 5½ months; marching, ¼ month.	10	2
No. 1 Co., Eastern Div., R.A. -	125	293	5		15·57	2344·0	40·00	56·00	124·56	45·46	19·40	Ferozepore, 12 months; Dett. Amritsar, 12 months; Dett. Dalhousie, 12 months.	6	0½
„ 8 „ „ -	112	149			8·80	1330·4	—	8·93	78·57	28·68	21·56	Calcutta, 9½ months; Fort Fulta, 1¼ months; Fort Allahabad, 1¼ months.	7	2
„ 13 „ „ -	125	224	1	3	11·32	1792·0	8·00	24·00	90·56	33·05	18·45	Fort Attock, 3 months; Rawal Pindi, 2¾ months; Thobba, 6 months; marching, ¼ month; Dett. Fort Attock, 7 months.	8	1½
„ 15 „ „ -	108				7·75	963·0	9·26	27·78	71·76	26·19	27·20	Roorkee, 9 months; marching, 1 month (left for Gibraltar on 30th October 1894); Dett. Chakrata, 5 months.	13	0
„ 22 „ „ -	88	180			9·07	2045·5	11·36	11·36	103·07	37·62	18·39	Multau, 12 months - - - - -	13	2
„ 23 „ „ -	70	102		4	7·68	1457·1	—	57·14	109·71	40·05	27·48	Jhansi, 9 months; marching, ¼ month (left for Aden on 11th October 1894).	10	2
„ 26 „ „ -	20	28	1	—	1·45	1400·0	50·00	—	72·50	26·46	18·90	Roorkee, 1¾ months (arrived from England on 10th November 1894).	0	2
No. 5 Co., Southern Div., R.A.	125	294		1	12·31	2352·0	32·00	8·00	98·48	35·95	15·28	Rawal Pindi, 9¾ months; Fort Attock, 2¼ months.	7	2
„ 7 „ „ -	131	259		5	14·63	1977·1	7·63	38·17	111·68	40·76	20·62	Roorkee, 1 month; Quetta, 9½ months; marching, 1½ month.	9	1½
„ 11 „ „ -	122	27	5	7	12·77	2221·3	40·98	57·38	104·67	38·21	17·20	Delhi, 12 months; Dett. Chakrata, 6 months -	5	1½
„ 21 „ „ -	117	163	2	11	9·72	1393·2	17·09	94·02	83·08	30·32	21·77	Calcutta, 1¼ month; Fort Allahabad, 10¾ months -	5	1½
„ 24 „ „ -	80	159	2	4	8·18	1987·5	25·00	50·00	102·25	37·32	18·78	Campbellpore, 12 months; Dett. Thobba, 6 months	7	2
„ 28 „ „ -	130	21		3	12·42	1653·8	23·08	23·08	95·54	34·87	21·09	Quetta, 12 months - - - - -	11	2

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.				
ARTILLERY—*cont.*										days.	days.		yrs. mo.
No. 4 Co., Western Div., R.A.	20	27	—	—	1·67	1350·0	—	—	83·50	30·48	22·58	Roorkee, 1⅔ months (arrived from England on 10th November 1894).	0 2
„ 5 „ „ -	122	295	2	10	22·65	2418·0	16·39	81·97	185·66	67·76	28·02	Barrackpore, 9½ months; Fort Chingrikhal, 2½ months.	2 2
„ 9 „ „ -	14	23	—	—	1·04	1642·9	—	—	74·29	27·11	16·50	Jhansi, 1¾ months (arrived from England on 8th November 1894).	0 2
„ 12 „ „ -	103	105	—	1	7·01	1019·4	—	9·71	68·06	24·84	24·37	Roorkee, 8¾ months; marching, ½ month (left for England on 16th October 1894).	14 9½
„ 16 „ „ -	121	206	4	5	11·77	1702·5	33·06	41·32	97·27	35·50	20·85	Agra, 12 months - - - - -	7 2
„ 22 „ „ -	123	155	4	4	10·19	1260·2	32·52	32·52	82·85	30·24	24·00	Quetta, 2½ months; Roorkee, 9½ months - -	9 2½
Total - - -	6,927	10,972	147	182	626·29	1583·9	21·22	26·27	90·41	33·00	20·83		
H. Coy. Royal Engineers -	42	23	1	—	·81	547·6	23·81	—	19·29	7·04	12·85	Roorkee, 12 months; Dett. Calcutta, 12 months; Dett. Fort Fulta, 1 month.	27 0
INFANTRY.													
1st East Kent Regiment -	915	1,419	9	21	77·85	1550·8	9·84	22·95	85·08	31·05	20·02	Jullundur, 10⅝ months; marching, 1⅜ months; Dett. Bhagsu, 6 months.	7 9
2nd Northumberland Fusiliers	953	1,792	21	17	97·24	1880·4	22·04	17·84	102·04	37·24	19·81	Sitapur, 10 months; marching, 2 months; Wing, Benares, 12 months; Dett. Chakrata, 6 months.	14 11
1st Norfolk Regiment - -	922	1,067	20	22	94·50	1157·3	21·69	23·86	102·49	37·41	32·33	Umballa, 2⅔ months; Dagshai, 6⅔ months; marching, 2⅔ months; Dett. Dagshai, 5 months.	5 10
1st Devonshire Regiment -	1,075	849	7	13	65·72	789·8	6·51	12·09	61·13	22·31	28·25	Rawal Pindi, 4½ months; Gharial, 6 months; Nowshera, 1 month; marching, ½ month; Dett. Fort Attock, 1 month.	2 0
1st Somerset Light Infantry -	913	1,221	8	9	71·18	1337·3	8·76	9·86	77·96	28·46	21·28	Umballa, 2⅝ months; Subathu, 6⅝ months; marching, 2¼ months (arrived from Gibraltar on 13th January 1894); Dett. Jutogh, 7 months.	1 0

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.					
INFANTRY—*cont.*										days.	days.		yrs.	mo.
1st Bedfordshire Regiment	975	1,647	36	21	80·99	1689·2	36·92	21·54	83·07	30·32	17·95	Rawal Pindi, ½ month; Nowshera, 9¾ months; Peshawar, 1¼ months; marching, ½ month; Dett. Fort Attock, 10 months; Dett. Cherat, 5 months.	4	0
2nd Royal Irish Regiment	899	1,261	13	28	104·87	1402·7	14·46	31·15	116·65	42·58	30·35	Lucknow, 11 months; marching, 1 month; Dett. Ranikhet, 7½ months.	9	11
2nd Lancashire Fusiliers	769	1,883	10	10	95·09	2448·6	13·00	13·00	123·65	45·13	18·43	Quetta, 9½ months (arrived from Poona on 18th March 1894).	13	2
2nd Royal Scots Fusiliers	893	1,435	17	15	66·18	1606·9	19·04	16·80	74·11	27·05	16·83	Sialkot, 12 months; Dett. Amritsar, 12 months; Dett. Ghora Dhaka, 5 months.	12	11
1st Royal Welsh Fusiliers	960	2,274	7	16	136·78	2368·8	7·29	16·67	142·48	52·00	21·95	Jhansi, 10¾ months; marching, 1¼ months; Wing, Nowgong, 12 months; Dett. Sipri, 11 months.	14	3¼
2nd King's Own Scottish Borderers.	940	1,933	11	29	106·25	2056·4	11·70	30·85	113·03	41·26	20·06	Mian Mir, 1¾ months; Rawal Pindi, 3¼ months; Kuldana, 6 months; marching, 1 month; Dett. Fort Lahore, 1 month.	4	11¼
2nd Scottish Rifles	1,013	1,538	12	25	88·91	1518·3	11·85	24·68	87·77	32·04	21·10	Jubbulpore, 12 months; Dett. Saugor, 12 months	15	1¼
1st East Lancashire Regiment	871	1,516	111	35	117·68	1740·5	127·44	40·18	135·11	49·31	28·33	Lucknow, 12 months; Dett. Ranikhet, 7 months	14	11
1st East Surrey "	971	1,425	19	41	96·67	1467·6	19·57	42·22	99·56	56·34	24·76	Agra, 12 months	9	11¼
1st Duke of Cornwall's Light Infantry.	919	1,039	6	15	89·91	1130·6	6·53	16·32	97·83	35·71	31·59	Meerut, 1½ month; Roorkee, 1¾ months; Chakrata, 7¼ months; marching, 1½ months.	6	10
2nd Border Regiment	789	1,467	4	17	84·11	1859·3	5·07	21·55	106·60	38·91	20·93	Multan, 9½ months; marching, ½ month (left for Field Service, Waziristan on 2nd November 1894); Dett. Multan, 2 months; Dett. Dalhousie, 12 months.	4	10
2nd Royal Sussex Regiment	997	1,336	15	19	87·40	1340·0	15·05	19·06	87·66	32·00	23·88	Calcutta, 1¾ months; Dum Dum, 10¼ months; Detts. Barrackpore and Darjeeling, 12 months.	9	0
1st Hampshire "	1,000	1,134	10	27	78·08	1134·0	10·00	27·00	78·08	28·50	25·13	Bareilly, 4¼ months; Ranikhet, 7¼ months; marching, ½ month.	8	11

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.					
INFANTRY—*cont.*										days.	days.		yrs.	mo.
2nd Oxfordshire Light Infantry	969	1,338	6	33	91·06	1380·8	6·19	34·06	93·97	34·30	24·84	Bareilly, 12 months; Dett. Ranikhet, 8 months -	8	9
2nd Essex Regiment -	1,117	1,483	14	28	100·14	1327·7	12·53	25·07	89·65	32·72	24·65	Bareilly, 3½ months; Chaubattia, 7½ months; Lucknow, 1 month; marching, ½ month; Wing, Shahjahanpur, 12 months; Dett. Moradabad, 10 months.	2	2
2nd Derbyshire Regiment -	1,003	1,218	19	15	72·59	1214·4	18·94	14·96	72·37	26·42	21·75	Umballa, 12 months; Wing, Solon, 6 months; Dett. Dagshai, 9 months.	12	2
1st Royal West Kent Regt. -	1,046	1,769	15	15	104·12	1691·2	14·34	14·34	99·54	36·33	21·48	Meerut, 12 months; Dett. Delhi, 12 months; Dett. Chakrata, 6 months; Dett. Landour, 6 months.	2	11
2nd Middlesex Regiment -	158	204		8	11·26	1291·1	25·32	50·63	71·27	26·01	20·15	Quetta, 2½ months (left for Ahmednagar on 11th March 1894).	14	4
1st King's Royal Rifle Corps -	1,092	2,519	32	18	123·28	2306·8	29·30	16·48	112·89	41·21	17·86	Rawal Pindi, ½ month; Peshawar, 11¼ months; marching, ¼ month; Dett. Cherat, 5 months.	4	0
2nd Manchester Regiment -	1,003	1,938	20	12	118·16	1932·2	19·94	11·96	117·81	43·00	22·25	Dinapore, 12 months - - - - -	12	2
2nd Highland Light Infantry	1,018	1,242	6	20	102·49	1220·0	5·89	19·65	100·68	36·75	30·12	Lucknow, 1 month; Fyzabad, 10½ months; marching, ½ month; Dett. Chakrata, 6 months.	10	2
2nd Seaforth Highlanders -	1,064	2,527	19	38	114·41	2375·0	17·86	35·71	107·53	39·25	16·53	Ferozepore, 11½ months; marching, ½ month -	15	9
1st Gordon Highlanders -	1,025	1,435	11	8	78·29	1400·0	10·73	7·80	76·38	27·88	19·91	Umballa, ½ month; Rawal Pindi, 2½ months; Thobba, 5¾ months; marching, 3 months.	2	11½
1st Royal Irish Fusiliers -	957	1,583	22	23	89·36	1654·1	22·99	24·03	94·38	34·08	20·60	Allahabad, 12 months; Dett. Fort Allahabad, 12 months.	11	2
2nd Argyll and Sutherland Highlanders.	969	2,266	26	26	102·00	2338·5	26·83	26·83	105·26	38·42	16·43	Umballa, ½ month; Mian Mir, 10¾ months; marching, ¾ month; Dett. Fort Lahore, 11 months; Dett. Dalhousie, 12 months.	3	0
2nd Royal Munster Fusiliers -	1,037	1,375	26	31	84·59	1325·9	25·07	29·89	81·57	29·77	22·45	Cawnpore, 12 months; Dett. Fatehgarh, 12 months; Ranikhet, 7 months.	10	9
2nd Royal Dublin „ -	913	1,777	11	44	96·37	1946·3	12·05	48·19	105·55	38·53	19·79	Quetta, 12 months - - - - -	8	10

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in [illegible].	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength. Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.	Average Time to each Soldier Sick.	Average Duration of each Case of Sickness.	upied during the Year.	Years of Service in India.
INFANTRY—*cont.*										days.	days.	[illegible] occupied [illegible]	yrs. mo.
1st Rifle Brigade - -	901	949	5	20	72·95	1053·3	5·55	22·20	80·97	29·55	28·06	Calcutta, 11 months (left for [illegible] November 1863) [illegible]	
3rd " " - -	1,013	1,537	23	30	92·54	1912·1	22·70	29·62	91·35	33·34	17·44	Peshawar, 10½ months [illegible] marching, 1 month [illegible]	
Total - - -	32,059	51,796	595	749	3093·02	1615·6	18·56	23·36	96·48	35·21	21·80		
Garrison Staff and Departments.	1,100	1,166	16	40	154·29	832·9	11·43	28·57	110·21	40·23	48·30	Various station hospitals.	
Men of various Corps, marching.	82	112	13	—	2·34	1365·9	158·54	—	28·54	10·42	7·63	Various station hospitals.	
Grand Total - -	44,160	69,130	821	1,056	4182·36	1565·4	18·59	23·91	94·71	34·57	22·08		

ABSTRACT No. XLII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the ADMISSIONS, MORTALITY, and INVALIDING in each CORPS serving in the MADRAS COMMAND during the Year 1894.

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Time Sick to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.		Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.						
CAVALRY.										days.	days.		months.	yrs.	mo.
19th Hussars	567	576	6	25	55·69	1015·9	10·58	44·09	98·22	35·85	35·29	Bangalore	12	3	3
21st "	490	780	5	16	49·29	1591·8	10·20	32·65	100·59	36·71	23·06	Secunderabad	12	7	0
Details Cavalry	7	—	—	—	—	—	—	—	—	—	—				
Total	1,064	1,356	11	41	104·98	1274·4	10·34	38·53	98·66	36·01	28·26				
ROYAL ARTILLERY.															
M. By., Royal Horse Artillery	158	179	2	3	13·85	1132·9	12·66	18·98	87·66	31·99	28·24	Bangalore 11, and Secunderabad 1	12	8	11
S. " " "	144	194	3	3	15·06	1347·2	20·83	20·83	104·58	38·17	28·33	Secunderabad 11, and Bangalore 1	12	9	0
5th Field By., Royal Artillery	156	121	1	9	11·60	775·6	6·41	57·69	74·36	27·14	34·99	Bangalore 10¾, and St. Thomas Mount 1¼	12	11	0
21st " "	157	168	—	6	15·27	1070·1	—	38·22	97·26	35·50	33·17	Bangalore	12	9	0
23rd " "	154	262	1	2	13·99	1701·3	6·49	12·99	90·84	33·16	19·49	St. Thomas' Mount 10⅔, and Bangalore 1⅓	12	3	2
29th " "	165	207	2	—	15·76	1254·5	12·12	—	95·51	34·86	27·79	Belgaum	12	1	2
33rd " "	146	173	2	10	15·59	1184·9	13·70	68·50	106·78	38·97	32·89	Secunderabad	12	3	2

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.				
INFANTRY—*cont.*										days.	days.		yrs. mo.
1st Rifle Brigade - -	901	949	5	20	72·95	1053·3	5·55	22·20	80·97	29·55	28·06	Calcutta, 11 months (left for Hong Kong on 30th November 1894); Dett. Dum Dum, 3 months.	14 2½
3rd " " - -	1,013	1,537	23	30	92·54	1912·1	22·70	29·62	91·35	33·34	17·44	Peshawar, 10¾ months; Rawal Pindi, ¾ month; marching, ½ month; Wing, Cherat, 5 months.	5 10
Total - - -	32,059	51,796	595	749	3093·02	1615·6	18·56	23·36	96·48	35·21	21·80		
Garrison Staff and Departments.	1,400	1,166	16	40	154·29	832·9	11·43	28·57	110·21	40·23	48·30	Various station hospitals.	
Men of various Corps, marching.	82	112	13	—	2·34	1365·9	158·54	—	28·54	10·42	7·63	Various station hospitals.	
Grand Total - -	44,160	69,130	821	1,056	4182·36	1565·4	18·59	23·91	94·71	34·57	22·08		

ABSTRACT No. XLII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the ADMISSIONS, MORTALITY, and INVALIDING in each CORPS serving in the MADRAS COMMAND during the Year 1894.

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.		Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.						
CAVALRY.										days.	days.		months.	yrs.	mo.
19th Hussars - - -	567	576	6	25	55·69	1015·9	10·58	44·09	98·22	35·85	35·29	Bangalore - - - - - -	12	3	3
21st " - - -	490	780	5	16	49·29	1591·8	10·20	32·65	100·59	36·71	23·06	Secunderabad - - - - - -	12	7	0
Details Cavalry - - -	7	—	—	—	—	—	—	—	—	—	—				
Total - - -	1,064	1,356	11	41	104·98	1274·4	10·34	38·53	98·66	36·01	28·26				
ROYAL ARTILLERY.															
M. By., Royal Horse Artillery	158	179	2	3	13·85	1132·9	12·66	18·98	87·66	31·99	28·24	Bangalore 11, and Secunderabad 1 - -	12	8	11
S. " " " -	144	194	3	3	15·06	1347·2	20·83	20·83	104·58	38·17	28·33	Secunderabad 11, and Bangalore 1 - -	12	9	0
5th Field By., Royal Artillery	156	121	1	9	11·60	775·6	6·41	57·69	74·36	27·14	34·99	Bangalore 10⅔, and St. Thomas Mount 1⅓ -	12	11	0
21st " " -	157	168	—	6	15·27	1070·1	—	38·22	97·26	35·50	33·17	Bangalore - - - - -	12	9	0
23rd " " -	154	262	1	2	13·99	1701·3	6·49	12·99	90·84	33·16	19·49	St. Thomas' Mount 10⅔, and Bangalore 1⅓ -	12	3	2
29th " " -	165	207	2	—	15·76	1254·5	12·12	—	95·51	34·86	27·79	Belgaum - - - - - -	12	1	2
33rd " " -	146	173	2	10	15·59	1184·9	13·70	68·50	106·78	38·97	32·89	Secunderabad - - - - -	12	3	2

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.		Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.						
ROYAL ARTILLERY—*cont.*										days.	days.		months.	yrs.	mo.
42nd Field By., Royal Artillery	160	167	6	7	11·17	1043·7	37·50	43·75	69·81	25·48	24·41	Secunderabad 10½, and St. Thomas' Mount 1½	12	8	0
45th " " -	156	177	1	2	12·43	1134·6	6·41	12·82	79·68	29·08	25·63	Bellary - - - - - -	12	1	2
49th " " -	168	251	1	—	14·10	1494·1	5·95	—	83·93	30·63	20·50	St. Thomas' Mount 10½, Secunderabad 1½ -	12	3	2
No. 4 Co., Eastern Div., R.A. -	133	174	2	4	12·39	1308·3	15·03	30·07	93·16	34·00	25·99	Fort St. George 3, and Rangoon 9 - -	12	6	0
No. 7 " Western " -	15	20	—	—	1·07	1333·3	—	—	71·33	26·03	19·52	Secunderabad; arrived 16th November 1894	2		2
No. 13 " " " -	74	58	2	4	4·16	783·8	27·03	54·05	56·21	20·52	26·18	Secunderabad; left for England 20th October 1894 - - - - - - -	10	15	0
No. 18 " " " -	17	27	—	—	1·46	1588·2	—	—	85·88	31·35	19·73	Rangoon; arrived 18th December 1894 -	1½		1½
No. 9 " Southern " -	112	211	2	10	14·19	1883·9	17·85	89·28	126·69	46·24	24·54	Fort St. George; left for Bombay 5th October 1894 - - - - -	9	7	0
No. 18 " " " -	124	151	4	2	10·60	1217·7	32·26	16·13	85·48	31·20	25·62	Rangoon - - - - - -	12	5	0
No. 7 " Mountain " -	89	184	1	4	12·84	2067·4	11·23	44·94	144·27	52·66	25·47	Mandalay - - - - - -	12	8	0
Details Royal Artillery -	27	8	—	1	2·46	296·3	—	37·03	91·11	33·25	112·23				
Total - -	2,155	2,732	30	67	197·99	1267·7	13·92	31·09	91·87	33·53	26·45				
ROYAL ENGINEERS.															
H. Company, Royal Engineers	47	16	1	1	0·72	340·4	21·28	21·28	15·32	5·59	16·42	Bangalore - - - - - -	12	19	0

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.		Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.						
INFANTRY REGIMENTS.										days.	days.		months.	yrs.	mo.
2nd Royal Scots Fusiliers	1,054	1,265	6	12	93·85	1200·2	5·69	11·38	89·04	32·50	27·08	Belgaum	12	2	10
2nd Suffolk Regiment	925	1,221	7	19	92·85	1320·0	7·56	20·54	•100·38	36·64	27·75	Secunderabad	12	3	10
2nd West Yorkshire Regiment	679	957	7	9	65·38	1409·4	10·31	13·25	96·29	35·14	24·93	Rangoon; Dett. at Port Blair; left for Bombay 27th October 1894	10	16	0
2nd Yorkshire Regiment	904	1,276	5	31	67·65	1411·5	5·53	34·29	74·83	27·31	19·35	Shwebo; Dett. at Bhamo and Bernardmyo	12	5	0
1st Cheshire Regiment	855	1,076	4	11	67·06	1258·5	4·68	12·86	78·43	28·62	22·75	Bellary; Dett. at Madras and Pallaveram	12	7	2
2nd Royal Inniskilling Fus.	855	1,227	11	40	72·84	1435·1	12·86	46·79	85·19	31·09	21·66	Thayetmyo; Wing at Meiktila	12	6	0
1st Worcesetrshire Regiment	139	443	2	—	12·59	3187·1	14·38	—	90·57	33·06	10·37	Rangoon; arrived 24th October 1894	2	16	0
1st Dorsetshire Regiment	345	404	5	—	25·12	1171·0	14·40	—	72·81	26·57	22·69	Wellington; Dett. at Cannanore, Calicut, and Malapuram	12	1	3
2nd Welsh Regiment	928	1,116	6	23	97·52	1202·6	6·46	24·78	105·08	38·35	31·89	Secunderabad	12	2	3
1st Northamptonshire Regiment.	1,023	1,026	9	18	69·60	1002·9	8·79	17·59	68·03	24·83	24·76	Bangalore	12	2	2
2nd Duke of Edinburgh's Wiltshire Regiment.	866	1,302	3	26	100·42	1503·5	3·46	30·02	115·96	42·32	28·15	Mandalay	12	14	0
Details Infantry Regiments	141	107	3	19	15·53	758·9	21·27	134·74	110·14	40·20	52·98				
Total	8,714	11,420	68	208	780·41	1310·5	7·80	23·87	89·56	32·68	24·94				

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Sick Average Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.				
CONVALESCENT DEPÔTS.										days.	days.		
Poonamallee - - -	78	116	5	24	17·73	1487·2	64·10	307·69	227·31	82·96	55·79		
Wellington - - -	1,110	1,313	6	45	77·39	1182·9	5·41	40·54	69·72	25·44	21·51		
Total - -	1,188	1,429	11	69	95·12	1202·8	9·26	58·08	80·07	29·22	24·29		
Garrison Staff and Departments.	239	104	6	1	10·15	435·2	25·10	4·18	42·47	15·50	35·62		
Grand Total - -	13,407	17,057	127	387	1189·37	1272·2	9·47	28·86	88·71	32·38	25·45		

ABSTRACT No. XLIII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the ADMISSIONS, MORTALITY, and INVALIDING in each CORPS serving in the BOMBAY COMMAND during the Year 1894.

Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength. Admitted.	Ratio per 1,000 of Strength. Died.	Ratio per 1,000 of Strength. Invalided.	Ratio per 1,000 of Strength. Constantly Sick.	Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in the Command.
CAVALRY.										days.	days.		
7th Hussars - - -	618	1,006	9	13	74·14	1627·8	14·56	21·04	119·97	43·79	26·90	Mhow, 1 year - - - - - -	8
Cavalry various - -	75	113	1	1	5·06	1506·6	13·33	13·33	67·47	24·63	16·34		
Total - -	693	1,119	10	14	79·20	1614·7	14·43	20·20	114·29	41·71	25·83		
ROYAL ARTILLERY.													
I. By., Royal Horse Artillery	149	229	2	3	13·75	1536·9	13·42	20·13	92·28	33·68	21·92	Mhow, 1 year - - - - - -	2
L. " " -	168	200	—	3	12·22	1190·5	—	17·86	72·74	26·55	22·62	Kirkee, 1 year - - - - - -	2
22nd Field Battery, R.A. -	155	267	3	2	12·72	1722·6	19·35	12·90	82·06	29·95	17·39	Nasirabad, 1 year - - - - -	8
26th " " -	141	147	5	—	7·68	1042·6	35·46	—	54·47	19·88	19·07	Kamptee, 1 year - - - - -	11
27th " " -	142	194	1	1	10·99	1366·2	7·04	7·04	77·39	28·25	20·68	Kirkee, 1 year - - - - - -	7
35th " " -	124	389	4	12	17·56	3137·1	32·26	96·77	141·61	51·69	16·48	Ahmedabad, 1 year - - - - -	6
36th " " -	145	174	3	1	10·32	1200·0	20·69	6·90	71·17	25·98	21·65	Kirkee, 1 year - - - - - -	7
40th " " -	154	120	—	2	6·71	779·2	—	12·99	43·57	15·90	20·41	Ahmednagar, 1 year - - - - -	1
44th " " -	128	372	2	—	15·10	2906·2	15·62	—	117·97	43·06	14·82	Neemuch, 10 months, arrived from Jubbulpur 21st February.	14
47th " " -	161	368	3	15	17·04	2285·7	18·63	93·17	105·84	38·63	16·90	Karachi, 1 year - - - - - -	3

Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in the Command.
						Admitted.	Died.	Invalided.	Constantly Sick.				
Royal Artillery—*cont.*										days.	days.		
53rd Field Battery, R.A. -	150	280	1	4	10·76	1866·7	6·67	26·67	71·73	26·18	14·03	Karachi, 3 months; Hyderabad, 9 months -	8
55th " " -	140	199	—	9	9·66	1421·4	—	64·29	69·00	25·18	17·72	Deesa, 1 year - - - - - -	6
65th " " -	118	248	3	—	11·24	2107·7	25·42	—	95·25	34·77	16·54	Neemuch, 9 months, arrived from Mian Mir 21st March.	14
72nd " " -	161	203	1	3	11·53	1260·9	6·21	18·63	71·61	26·14	20·73	Kirkee, 1 year - - - - - -	6
3rd Co., Eastern Div., R.A. -	21	32	1	—	1·90	1523·8	47·62	—	90·48	33·02	21·67	Bombay, 2 months, arrived from Gibraltar 1st November.	$\frac{2}{12}$
14th " " -	94	124	—	—	6·19	1319·1	—	—	65·85	24·04	18·22	Bombay, 10 months, proceeded to Gibraltar 8th November.	14
21st " " -	121	83	2	—	2·30	686·0	16·53	—	19·01	6·94	10·11	Bombay, 1 year - - - - -	13
23rd " " -	25	61	—	—	3·82	2440·0	—	—	152·80	55·77	22·86	Aden, 2 months, arrived from Jhansi 22nd October	10
3rd Co., Southern Div., R.A.	153	247	4	1	11·62	1614·4	26·14	6·54	75·95	27·72	17·17	Karachi, 3 months; Aden, 9 months - -	13
9th " " -	24	39	—	—	2·24	1625·0	—	—	93·33	34·07	20·96	Aden, 2 months, arrived from Fort St. George 22nd October.	7
20th " " -	102	66	2	3	5·85	647·1	19·61	29·41	57·35	20·93	32·35	Bombay, 10 months, proceeded to England 25th October.	14
23rd " " -	34	56	—	—	1·96	1647·1	—	—	57·65	21·04	12·77	Bombay, 3 months, arrived from England 2nd October.	$\frac{3}{12}$
2nd Co., Western Div., R.A -	116	158	—	6	8·00	1362·1	—	51·72	69·74	25·46	18·69	Aden, 10 months, proceeded to England 22nd October.	14
8th " " -	104	121	1	6	6·46	1163·5	9·62	57·69	62·12	22·67	19·49	Aden, 10 months, proceeded to England 22nd October.	14
11th " " -	132	191	3	4	11·40	1447·0	22·73	30·30	86·36	31·52	21·79	Aden, 3 months; Karachi, 9 months - -	7
Royal Artillery various -	292	334	3	11	20·97	1143·8	10·27	37·67	71·82	26·21	22·92		
Total - -	3,254	4,902	44	86	250·08	1506·5	13·52	26·43	76·85	28·05	18·62		

Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in the Command.
						Admitted.	Died.	Invalided.	Constantly Sick.				
ROYAL ENGINEERS.										days.	days.		
Sub-Marine Mining Co.	48	51	—	—	1·22	1062·5	—	—	25·42	9·28	8·73	Kirkee, Bombay (Butcher's Island), Aden, and Karachi.	—
INFANTRY.													
2nd Royal Lancaster Regt.	955	1,730	11	10	75·01	1811·5	11·52	10·47	78·54	28·67	15·83	Ahmednagar and Dett. Satara, 3 months; Nasirabad and Dett. Neemuch, 9 months.	15
2nd Royal Fusiliers	1,003	2,038	9	26	90·42	2031·9	8·97	25·92	90·15	32·90	16·19	Karachi, 1 year; Dett. Hyderabad, 10 months	7
2nd West Yorkshire Regt.	87	183	1	—	8·17	2103·4	11·49	—	93·91	34·28	16·30	Aden, 1½ months, arrived from Burma 12th November.	16
2nd Lancashire Fusiliers	181	198	—	15	12·99	1093·9	—	82·87	71·77	26·20	23·95	Poona, 1½ months; Bombay, ½ month; Karachi, ½ month, proceeded to Quetta 17th March.	13
2nd Gloucestershire Regiment	524	1,032	7	53	45·20	1969·5	13·36	101·15	86·26	31·48	15·99	Aden, 10½ months, proceeded to England, 12th November.	14
1st Worcestershire Regiment	667	686	8	16	51·21	1028·5	11·99	23·99	76·78	28·02	27·25	Kamptee and Dett. Sitabuldi, 8½ months, proceeded to Burma, 14th October.	16
1st Loyal N. Lanc. Regiment	1,042	1,643	8	22	92·70	1576·8	7·68	21·11	88·96	32·47	20·59	Bombay and Dett. Deolali, 11 months; Dett. Dessa and Ahmedabad, 9 months; Poona, 1 month.	10
2nd Yorkshire Light Infantry	900	1,433	17	28*	89·08	1592·2	18·89	31·11*	98·98	36·13	22·69	Poona and Dett. Kirkee, 1 year	8
2nd Middlesex Regiment	736	790	16	6	41·36	1073·4	21·74	8·15	56·20	20·51	19·11	Ahmednagar and Detts. Kirkee and Satara, 9 months; arrived from Quetta, 3rd March.	14
2nd Durham Light Infantry	915	1,809	29	30	127·77	1977·0	31·69	32·79	139·64	50·97	25·78	Mhow and Dett. Indore, 1 year	8
2nd Royal Irish Rifles	66	84	1	—	4·21	1272·7	15·15	—	63·79	23·28	18·29	Bombay and Dett. Deolali, Deesa and Ahmedabad, 1 month; arrived from Malta, 1st December.	1/12

* Includes two men who were discharged in India.

Corps.	Average Annual Strength.	Admitted into Hospital.	Died.	Invalids sent Home.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Completed Years of Service in the Command.
						Admitted.	Died.	Invalided.	Constantly Sick.				
INFANTRY—*cont.*										days.	days.		
1st Leinster Regiment	890	1,141	11	20	74·82	1285·4	12·36	22·47	84·07	30·68	23·87	Deesa, Ahmedabad, and Bombay, 2 months; Poona, 9½ months; proceeded to England, 20th December.	17
Infantry various	1,164	1,638	18	32	82·72	1407·2	15·46	27·49	71·07	25·94	18·43		
Total	9,130	14,408	136	258	795·66	1578·1	14·90	28·26	87·15	31·81	20·16		
Garrison Staff and Departments.	291	300	3	9	11·94	1030·9	10·31	30·93	41·03	14·98	14·53	Various station hospitals.	
Grand Total	13 416	20,780	193	367*	1138·10	1548·9	14·38	27·36*	84·83	30·96	19·99		

* Includes two men who were discharged in India.

APPENDIX No. I.

REPORT ON THE PROGRESS OF HYGIENE FOR THE YEAR 1895.

By Brigade-Surgeon-Lieutenant-Colonel J. LANE NOTTER, M.A., M.D., Professor of Military Hygiene in the Army Medical School, Netley.

The chief points of hygiene which have attracted attention during the year under review may be briefly summarised as follows :—

I.—*Legislation.*

The last Session of Parliament gave but one legislative enactment of special sanitary importance. This was no doubt owing to its being dissolved, and to the General Election which took place during the summer.

The Factory Bill, introduced by Mr. Asquith, has for the first time defined overcrowding; as was pointed out in the discussion on this Bill, overcrowding is illegal, but as overcrowding has never been defined the law could not be effectively applied. This Act defines overcrowding as less than a minimum of 250 cubic feet of space in a factory or workshop, and 400 feet when overtime is worked. This minimum is to be further increased when artificial light is employed.

It is evident that this limit does not solve the question of overcrowding in so far as it depends on ventilation. It would be impossible for any Act to prescribe methods of ventilation, while no difficulty arises in defining the question of overcrowding.

II.—*Literature.*

The literature on sanitary science and public health work is increasing, and many new books and papers have been added during the year. The following is a brief summary of the most important that have come under my notice :—

The Indian Manual of Hygiene. By Surgeon-Captain A. E. Grant, Indian Medical Service. Vol. I. Madras: Higginbotham & Co. 1894.

This book is really King's Madras Manual of Hygiene revised, re-arranged, and in a great part re-written, but altogether on a much more ambitious and comprehensive basis. The author treats the subject in a scientific spirit, and has adapted his information to the special requirements of the Indian climate and the habits and customs of its people so as to make a useful book of reference to the sanitarian in that country.

A Treatise on Hygiene and Public Health. Edited by J. Stevenson and Shirley Murphy. Vol. III. London : J. & A. Churchill. 1894.

In preceding reports reference has been made as to the first two volumes of this treatise. This third volume treats of sanitary law, and is an able disentanglement and collation of the law as it relates to the several matters concerning or likely to concern the medical officer of health. The need of a book of this kind has long been felt not only by students and sanitary officials, but by the public generally. The general arrangement of the book is such as cannot fail to commend itself to both medical officers of health and students of sanitary law, as the matter is so treated under subject headings that it is possible to obtain by a minimum amount of reading a comprehensive

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.	Years of Service in India.
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.				
INFANTRY—*cont.*										days.	days.		yrs. mo.
1st Rifle Brigade - -	901	949	5	20	72·95	1053·3	5·55	22·20	80·97	29·55	28·06	Calcutta, 11 months (left for Hong Kong on 30th November 1894) ; Dett. Dum Dum, 3 months.	14 2½
3rd " " - -	1,013	1,537	23	30	92·54	1912·1	22·70	29·62	91·35	33·34	17·44	Peshawar, 10¾ months ; Rawal Pindi, ¾ month ; marching, ½ month ; Wing, Cherat, 5 months.	5 10
Total - - -	32,059	51,796	595	749	3003·02	1615·6	18·56	23·36	96·48	35·21	21·80		
Garrison Staff and Departments.	1,400	1,166	16	40	154·29	832·9	11·43	28·57	110·21	40·23	48·30	Various station hospitals.	
Men of various Corps, marching.	82	112	13	—	2·34	1365·9	158·54	—	28·54	10·42	7·63	Various station hospitals.	
Grand Total - -	44,160	69,130	821	1,056	4182·36	1565·4	18·59	23·91	94·71	34·57	22·08		

ABSTRACT No. XLII.—TABLE, taken from the REPORT of the PRINCIPAL MEDICAL OFFICER, showing the ADMISSIONS, MORTALITY, and INVALIDING in each CORPS serving in the MADRAS COMMAND during the Year 1894.

Corps.	Average Annual Strength.	Admitted into Hospital.	Deaths in the Command.	Invalided.	Average Number Constantly Sick.	Ratio per 1,000 of Strength.				Average Sick Time to each Soldier.	Average Duration of each Case of Sickness.	Stations occupied during the Year.		Years of Service in India.	
						Admissions into Hospital.	Deaths.	Invalids.	Constantly Sick.						
CAVALRY.										days.	days.		months.	yrs.	mo.
19th Hussars - - -	567	576	6	25	55·69	1015·9	10·58	44·09	98·22	35·85	35·29	Bangalore - - - - - -	12	3	3
21st " - - -	490	780	5	16	49·29	1591·8	10·20	32·65	100·59	36·71	23·06	Secunderabad - - - - -	12	7	0
Details Cavalry - - -	7	—	—	—	—	—	—	—	—	—	—				
Total - - -	1,064	1,356	11	41	104·98	1274·4	10·34	38·53	98·66	36·01	28·26				
ROYAL ARTILLERY.															
M. By., Royal Horse Artillery	158	179	2	3	13·85	1132·9	12·66	18·98	87·66	31·99	28·24	Bangalore 11, and Secunderabad 1 - -	12	8	11
S. " " " -	144	194	3	3	15·06	1347·2	20·83	20·83	104·58	38·17	28·33	Secunderabad 11, and Bangalore 1 - -	12	9	0
5th Field By., Royal Artillery	156	121	1	9	11·60	775·6	6·41	57·69	74·36	27·14	34·99	Bangalore 10¾, and St. Thomas Mount 1¼ -	12	11	0
21st " " -	157	168	—	6	15·27	1070·1	—	38·22	97·26	35·50	33·17	Bangalore - - - - -	12	9	0
23rd " " -	154	262	1	2	13·90	1701·3	6·49	12·99	90·84	33·16	19·49	St. Thomas' Mount 10¾, and Bangalore 1¼ -	12	3	2
29th " " -	165	207	2	—	15·76	1254·5	12·12	—	95·51	34·86	27·79	Belgaum - - - - - -	12	1	2
33rd " " -	146	173	2	10	15·59	1184·9	13·70	68·50	106·78	38·97	32·89	Secunderabad - - - - -	12	3	2

knowledge of the law in regard to any subject upon which information is desired. The volume deals not only with the state of sanitary legislation in England and Wales and the Metropolis, but also gives summaries of the peculiar sanitary enactments of Scotland and Ireland. Comprehensive as this volume is, it should be studied in conjunction with a perusal of the various Public Health Acts themselves.

A Text Book of Hygiene. By G. H. Rohe. 3rd edition. Philadelphia: Davis & Co. London: T. J. Redman. 1894.

This is a new edition of a well-known American work. The information afforded in this volume is of a thoroughly reliable nature, and the literary style is remarkably terse and clear, but the general arrangement of the matter is not good, nor is the treatment of some subjects quite as full as they deserve.

Meteorology: Practical and Applied. By J. W. Moore, M.D. London: T. J. Redman. 1894.

The author of this volume is a well-known authority on fevers, but as a practical physician he fully appreciates the value of "opportunities of observing the far reaching influence of weather and climate upon human health, happiness, and longevity." The work itself has not much pretention to originality of fact or theory, but is a full, lucid, and satisfactory exposition of the present state of knowledge regarding the subject of which it treats. A characteristic feature of this book is the amount of elementary details which it furnishes. To many readers this assumption of a want of elementary knowledge may be irritating; but on the other hand, to those lacking previous rudimentary information of the laws of physics a book written in this manner has obvious advantages.

To the medical man, perhaps, the most interesting part of this book is the fourth and concluding portion, which is devoted to the influence of season and weather on disease. No attempt is made to deal exhaustively with this large and difficult subject, but the leading facts are put forward in a clear and interesting way.

On the Geographical Distribution of Tropical Disease in Africa. By N. W. Felkin. Edinburgh: W. F. Clay. 1895.

To the army medical officer this is a small book of considerable interest, as it is written by a man who has a large personal knowledge of Africa, and believes in the possibility of its colonisation by Europeans.

On this latter subject he says: "It can only be possible if emigration occurs
" step by step, and in estimating the possibilities of a colonisation we must
" count by generations rather than by years. I believe . . . . given picked
" individuals and the careful selection of tropical areas in which to colonise,
" that there is no reason why, with precautions, inhabitants of the temperate
" zone should not colonise even Central Africa. In the selection of emigrants
" great care should undoubtedly be taken, and all persons with a tendency to
" gout or rheumatism, diabetes or albuminuria, those of a nervous or
" alcoholic family history, or those suffering from either acquired or hereditary
" syphilis, should certainly be restrained from emigrating to tropical Africa."
With regard to the unhealthiness of West Africa, the author writes:
" Although the West African coast is called the white man's grave, yet it is
" undoubtedly true that to a certain extent it is not malaria which causes—or
" perhaps one should say has caused—the very high death-rate of even 50 per
" cent. amongst the whites on the coast. In the past, at any rate, this death-
" rate has been due to the fact of diseased individuals proceeding to Africa, to
" want of knowledge of the precautions necessary for a residence there, and,
" unfortunately, in many cases, to the wilful ignoring of prophylactic measures
" and a well ordered life." The book is full of much valuable information,
and well worthy of study by military, and medical, officers.

Essays on Rural Hygiene. By G. V. Poore. 2nd edition. London: Longmans, Green & Co. 1894.

This is an exceedingly bright and pleasantly written book, indicating sanitary defects, difficulties, and shortcomings in a clear and practical manner. It should be read by all interested in public health problems.

On the Preservation of Health in India. By Sir J. Fayrer, F.R.S., K.C.S.I. London: Macmillan & Co. 1895.

This little book contains a short description of the various climates of India, with rules for clothing, diet, the use of alcohol, tobacco, and the choice of the site for dwelling-houses. Malaria is discussed and rules given for avoiding, as far as may be, that scourge of India. Dysentery, cholera, and snake bite are treated of, and directions given which a layman may carry out until the arrival of a medical man. A noteworthy feature of the book is the stress very properly laid upon the danger of being over anxious in regard to health and of undue physicking.

A Handbook of Hygiene. By A. M. Davies, M.R.C.S., L.S.A., Surgeon Major A.M.S. London: Griffin & Co. 1895.

This is a small but eminently practical manual of hygiene, evidently prepared for service purposes.

The author, who is well known to many who passed through Netley some three to eight years ago, claims but little originality. His aim has been to make himself acquainted with what has been written by approved authorities, to compare and weigh different statements, and to digest the information into as small a compass as seemed advisable, while omitting nothing of real importance.

The book is wonderfully up to date, full of facts, and from its size and general plan of arrangement well adapted to the requirements of the army and navy surgeon.

The Spirit of Cookery. By J. L. W. Thudichum. London: Baillière, Tindall, and Cox. 1895.

Though not strictly a professional work, this small book deserves the study of medical men, as much of the physician's success in practice depends upon his knowledge, not only of diets, but also upon his information in regard to their preparation. To those desirous of understanding the theory and practice of cookery from the scientific standpoint this book is excellent reading, but it is doubtful whether the ordinary layman or woman could appreciate the purely technical style in which it is written.

Die Thierischen. Parasiten des Menschen. By Max Braun. Wurzburg: Adalbert Studers Library. 1895.

Perhaps one of the most striking facts of modern science is the great change that has been effected in the conception of the *rôle* of the parasite as a cause of disease. This conception dominates the whole range of infective diseases, and is now giving rise to entirely new and fruitful lines of research.

We no longer confine our attention to the few species of intestinal worms and of cutaneous parasites which have been so long familiar to us. Human parasites have now been found among the protozoa, platyelminthes, nemathelminthes, acanthocephali, hirudini, and arthropoda. In the first-named group there are several amœbæ, of which the most important is the amœba coli. Among the sporozoa there are the coccidia, several species of which are found in the organs of the body. The malarial parasites are described as forming the order hæmosporidia.

Several infusoria have been found in man. After a full description of each of these classes the book deals in turn with more familiar parasites, each section being introducd with a general description of the morphology and life history of the class.

There is not so much detail or historical matter as in Leuckhart's classical work, but the references to the literature on the subject are abundant.

How to Live in Tropical Africa. By J. Murray, M.D. London: Geo. Phillips & Son. 1895.

This is a well written guide to an important subject, and, considering the increased interest evinced in everything appertaining to the dark continent, should be found a welcome edition to the traveller's library. The information given in this book is reliable, comprehensive, well digested, and in a most accessible form. It can be thoroughly recommended as an authoritative guide on the subject.

III.—*Special Points of Hygiene.*

Diphtheria.—The prevalence of diphtheria in some of the larger stations at home, notably Aldershot, makes the study of this disease especially interesting. It has been suggested that the extension of the disease has been chiefly owing to soil pollution, and it will be therefore interesting briefly to review our present knowledge on this subject.

All accounts of diphtheria show a tendency on the part of the disease to recur in the same districts year after year. The question naturally suggests itself:—Are the re-appearances due to the revival of the contagium derived from previous outbreaks in the same place or to some favouring condition which the place offers for the development of the infection derived from some other quarter; and have these favouring conditions any dependence upon the character and state of the soil? As far back as 1858 Greenhow reported to the Medical Department of the Privy Council that diphtheria was especially prevalent on cold, wet soils. Later in 1871 Airy described the localities affected as for the most part wet clay lands, but he adds, "There is evidently " great variety in the soils on which diphtheria can prevail, for it is found in " full force on the chalk downs of Kent, on the loamy sands and clays of the " Sussex weald, on the alluvium and boulder clay of Essex, on the marls of " the New Red Sandstone, and on the slopes of the slate rocks of Wales." Similar evidence was forthcoming at the Hygienic Congress at Budapest.

An analysis of the innumerable reports upon outbreaks of diphtheria in various parts of Europe indicates that the geological features of the affected districts appear to play a less important part in the incidence of the disease than does soil dampness. This is especially shown by Drs. Kelly and Barnes in their accounts of the epidemics occurring in Sussex and the Eastern Counties especially. The latter shows that in five parishes comprising 1,813 inhabitants, on a dry gravelly soil, only one outbreak of diphtheria occurred in 11 years; whilst in 27 other parishes with 1,400 people living on a subsoil of clay having a per-centage of water in it as high as 90 per cent., no less than 48 outbreaks occurred in the same period. These figures show the relative proportion of outbreaks to inhabitants as being 1 in 1,800 on dry soil, and 1 in 300 on wet.

A very interesting series of facts, dealing with the inter-relationship between diphtheria prevalence at Maidstone and movements of the subsoil water, are given by Adams. His observations, extending over nine years, show that a strict concordance may be traced between soil dampness and diphtheria on the one hand, and absence of diphtheria and soil dryness on the other. But the dampness and dryness of the soil depend upon the rise and fall of the ground water, and have their appropriate seasons; so long as the order of this occurrence is preserved, health is maintained. As long as the soil is well washed by the winter's high tide, all goes well; but so soon as these salutary movements are arrested, or their order disturbed, diphtheria prevails, reaching its acme of prevalence when stagnation at a relatively high level is most complete. In the conception of this relationship between the movements of the subsoil water and the prevalence of diphtheria, it is assumed that the germ of the disorder resides in or upon the soil, and is liable to be displaced and dispersed along with the subsoil air.

Adams maintains that the two chief agencies concerned in the discharge of the soil air into the atmosphere we breathe, are reduction of atmospheric pressure, which acts by aspiration, and rainfall, which operates by compression. Probably the latter is by far the more effectual, though both may often act in concert. The way rainfall operates, especially when sudden and copious, is as follows:—"The outside uncovered soil receiving the rain becomes temporarily sealed by moisture, and the underlying imprisoned ground air is " driven downwards and laterally beneath protected parts, such as are sheltered " by buildings, and so finds an easy way of escape upwards through the " unwetted surfaces that underlie buildings. Therefore the tendency for " ground air to be forced into dwellings depends upon the relative proportion that the uncovered bears to the covered area."

In connexion with the foregoing generalisation, it is interesting to note the actual behaviour of the diphtheritic contagium in soil.

The true bacillus of diphtheria is now recognised to be that first described by Löffler; but we have no actual proof that this micro-organism is either an ordinary or even an occasional resident of the soil, or that it becomes air-borne in sewer gas or soil emanations.

Experiments show that pure cultures of this bacillus, when mixed with garden soil constantly moistened short of saturation and kept in the dark at a temperature of 14° C., will retain their vitality for more than ten months. They die out from moist soil, kept at 26° C., in about two months; from moist soil at 30° C. in seventeen days, and from dry soil at the same temperature within a week. False membranes from cases of diphtheria, when placed in soil under similar conditions, appear to retain their specific infectivity for slightly shorter periods. In the laboratory, absolute soil dryness is as distinctly antagonistic to the vitality of the diphtheritic bacillus as soil dampness is favourable.

These experimental results explain to a large degree the general absence of diphtheria throughout the plains of India, and its endemic prevalence in the Indian hill stations and Europe generally. The peculiar connexion in subsoil water levels with diphtheria prevalence, as emphasised by the experience of Maidstone, is largely to be explained by the influence which they have upon the greater or less degree of soil dampness. Both statistically and experimentally we find a damp soil favours the life and development of the diphtheria bacillus, while prolonged submersion and drought kill it. In the incidence of epidemic diphtheria we are justified in regarding, in country places at least, constant soil moisture as a chief factor; while possibly in the case of towns and cities, mere soil dampness is subsidiary to other more potent causes.

Tuberculous Meat.—This subject has again acquired increased attention, consequent on the issue of the "Report of the Royal Commission on Tuberculosis," and the seizure of meat so affected. They state it as established, that any person who takes tuberculous matter into the body as food incurs risk of acquiring tuberculous disease, and we know that this matter may be found in parts of animals affected by the disease. In order to reduce to a minimum the danger to human consumers of meat, the Commissioners advocate that the operations of slaughter and dressing should be done under skilled supervision, with the object of securing the removal and destruction of every part of a carcase that contained any tubercle whatever, and also the destruction of the *whole* carcase in cases where the animal was found to have advanced or generalized tuberculosis. Dr. Martin's evidence in particular shows that a great difficulty exists with regard to meat, inasmuch as a number of butchers are very careless in the cutting up of carcases partially affected with tuberculosis. Matter finds its way to the knives used, and this is transferred to joints which would remain otherwise untainted. Roasting before a fire was the least, and boiling the most, effective method of cooking the flesh.

Water.—Dr. Passenge, Marine Staff Surgeon in the German Navy, has contributed a very practical paper on the preparation of sterile drinking water by means of chloride of lime. The following are the conclusions he comes to:—That the addition of 0·0978 of a grain of active chlorine, corresponding to about 0·15 of a gramme of ordinary chloride of lime, is sufficient to render absolutely sterile in ten minutus a litre of water very strongly affected with pathogenic organisms. If the action is allowed to continue for a longer time the amount of chlorine necessary is correspondingly diminished; so that if two hours be allowed 0·0108 of a gramme suffices. The excess of chlorine not used in the work of disinfection can be removed by bi-sulphite of calcium, which throws down a slight precipitate of sulphate of lime. The water so treated is harmless, has no perceptible taste, and increases in hardness. The absence of taste and smell will show whether or not all excess of chlorine has been removed from the water. Experiments are quoted to show that while cultures remained sterile after addition of the chlorine, the control cultures developed as many as from 314 to 2,500,000 micro-organisms per c. c. according to their origin. Dr. Bassenge suggests the following way of putting this method into practice:—

Put as much chloride of lime as will lie on the end of a small knife (abont one gramme) into five litres of the water in question. Shake it up well and let it stand from twelve to fifteen minutes. Then add, drop by drop, solution of bi-sulphite of calcium until there is neither taste or smell of chlorine.

Dr. Dräer in an article in the *Zeitschrift für Hygiene*, Vol. XX., 3, refers at some length to the question of the self-purification of rivers. He states that the conditions influencing this phenomenon are:—(1.) *The movement of the water.*—He thinks the importance of this has been exaggerated. (2.) *The pressure exerted by the water.*—This is believed to destroy or weaken the virulence of certain microbes, and in support of this it is urged that the number of bacteria capable of developing is less the greater the depth from the surface of the water a sample is taken. (3.) *Light.*—Diffused daylight as well as direct sunlight on the bacteria suspended in water, showed that an enormous reduction in their number occurred after an exposure of some hours to their influence. (4.) *Vegetation in water.*—The importance of this factor has been shown by Pettenkofer; he has proved by actual experiment that algæ bring about a marked reduction in the organic matters in the water. For instance, in the waters of the Iser, immediately below Munich, where the organic matter is present in excess, there is an abundant growth of algæ, but above the city and far below it there is none at all. (5.) *Sedimentation.*—Many regard the self-purification of rivers as due, in the main, to the subsidence of impure matters, and to their subsequent disintegration at the bottom of the river. Pettenkofer, however, attributes to this factor but a very small *rôle*, thinking that the agency of oxygen and vegetation are sufficient to account for the phenomenon. Although the views held as to the self-purification of rivers by different authorities are very often strikingly opposed to one another, yet almost all are agreed that from eighteen to twenty miles below the entrance of sewage matter the water is just as pure as it was above.

Vitality and Detection of Pathogenic Bacteria in Water.—Our most recent knowledge upon these points is to be found in Frankland's and Marshall Ward's Third Report to the Royal Society Water Research Committee; their observations having been chiefly made upon the enteric fever bacillus and the *B. coli communis.*

The following is a brief summary of their conclusions:—

(1.) Typhoid bacilli from ordinary cultures, on being introduced into sterilized potable water, in such proportion as not to materially alter the composition of the latter, undergo no multiplication. This result is the same, no matter what the original source of the water may be.

(2.) Typhoid bacilli which have undergone a prolonged and gradual training in more and more aqueous culture media, appear to possess more vitality in potable waters than do bacilli which are at once transferred into water from nutritive media.

(3.) Although no instance of multiplication of the introduced enteric bacilli in sterilised water was observed, on the other hand the bacilli were found to be possessed of very considerable longevity.

(4.) Enteric bacilli, from ordinary cultures, on being introduced into similar but unsterilised waters had the least longevity in the Thames water (9 to 13 days), longest in deep well water (33 to 39 days) and intermediate in the Loch Katrine water (19 to 33 days).

This result is of very great practical importance as indicating the greater danger from enteric bacilli gaining access to deep wells than to surface waters.

(5.) The greater bactericidal power of unsterilised water is not apparently due to any remarkable multiplication of the water bacteria or accentuated "struggle for existence" between the aquatic forms and the specific bacilli, but rather to the elaboration of products by the aquatic bacteria which are prejudicial to the enteric bacilli. An explanation of the above phenomena may be that unsterile deep well water does not contain more water bacteria which are particularly fitted for successfully competing with the enteric bacilli, and that such water bacteria are only to be found in the unsterile surface waters.

(6.) Unsterile Thames water appears to abound in those bacterial products which are prejudicial to the vitality of the enteric bacillus.

(7.) The addition of common salt to unsterile Thames water causes an enormous multiplication of the water bacteria present, with a corresponding shortening of life of the enteric bacilli in this water.

(8.) When the *B. coli communis* is introduced into sterilised waters it undergoes considerable multiplication when under similar conditions the enteric fever bacillus does not multiply.

(9.) In unsterile water the *B. coli communis* persists in the living state for much longer periods than the enteric bacillus.

(10.) In all waters, except Loch Katrine water, which had been sterilised by filtration through Pasteur Chamberlain or Berkefeld filters, a most remarkably rapid disappearance of both enteric and common colon bacilli is observed.

As regards the fate of micro-organisms in aërated waters, the result of our knowledge upon this subject appears to be that, so far as carbon dioxide is concerned, this gas appears to have a retarding influence on the vitality of the bacteria present in water; but that, if the carbon dioxide is allowed to escape and the water be subsequently kept under sterile conditions a rapid multiplication of the bacteria takes place. In a number of experiments made in the Laboratory of the Army Medical School at Netley, the results indicate that the powers of increase by non-pathogenic bacteria, when introduced into a carbonated water, varied considerably with the nature of the organism employed; briefly the results obtained were as follows:—*B. prodigiosus* rapidly diminished in numbers, none being apparent after 11 days; *M. violacens* multiplied largely up to 10 days; after 13 days a distinct diminution was observed, while after 18 days it could be no longer detected. Attempts were also made to ascertain what effect varying degrees of pressure under which the gas was forced in had upon bacteria; the results obtained seemed to indicate that this does not play any very important part.

In a former report (1892) I mentioned the difficulty experienced in differentiating between the *B. coli communis* and the Eberth-Gaffky bacillus; apart from microscopic distinctions, attention may be directed to the three following reactions:—

(*a.*) Whilst in sterile milk the enteric fever bacillus renders the liquid slightly acid and never coagulates it, the *B. coli communis* at 37° C. coagulates the milk in from twenty-four to forty-eight hours and at the same time renders it strongly acid.

(*b.*) When inoculated in melted gelatin-pepton, then allowing the latter to solidify, and maintaining at 20° C., the *B. coli communis* after twenty-four or forty-eight hours invariably produces gas bubbles, while the enteric fever bacillus does not do so.

(*c.*) A further distinction is the so-called *indol-reaction*. To 10 cc. of the ordinary alkaline peptone broth culture which has been growing twenty-four hours in the incubator add 1 cc. of a solution of sodium or potassium nitrite (0·02 gramme in 100 cc.) and then a few drops of pure sulphuric acid. If indol is present a rose to a deep red colour is produced, due to the formation of nitroso-indol-nitrate. *B. coli communis* yields this reaction while a growth of the enteric fever bacillus does not.

To assist the diagnosis of the enteric bacillus in the presence of the *B. coli communis*, "formalin" may be added to sterile neutral broth in the proportion of 1 to 7,000. Whereas the colon bacillus will render this formalin-broth turbid, the enteric bacillus refuses to grow and the liquid remains clear.

Enteric Fever and the Disposal of Excreta.—Dr. H. E. Armstrong reports that in Newcastle-on-Tyne during the year 1893 examination of the returns as to the comparative prevalence of enteric fever in households on the watercloset or pail-closet system respectively, showed that in houses on the water-closet system only 0·3 per cent. were infected with the disease, whereas in houses on the pail-closet system the rate was 0·6 per cent. This fact has an important bearing on the prevalence of this disease in India where the dry-earth system of removal is almost universally adopted.

Filtration of Potable Water.—Sand filter beds are now regarded as being the most efficient for the purposes of filtration; it is not so much the sand itself that is the effective filtering agent, as the gelatinous layer which forms on its surface and fills up the pores between the particles of sand. It acts like a net and entangles in its meshes the bacteria which are therefore prevented from passing through the filter bed. Certain conditions are, however, necessary to ensure success; these are:—(1) The rate must not exceed 3¾ inches per hour. To effect this every filter must be fitted with an arrangement to prevent the water passing through it more rapidly; (2) the filtered water should be submitted daily to a bacteriological examination; and (3) if containing more than 100 micro-organisms per 1 c.c. be discarded. The importance of this has been emphasised by reports on the cholera epidemics in Germany in 1892 and 1893. At the lunatic asylum in Halle, where in the course of one month there were 122 cases of cholera with 52 deaths, the filters were overdriven as the filtrate contained 52,410 bacteria per c.c. At Stetten the rate of filtration exceeded 200 mm. per hour and sometimes rose to 400 mm., a rate sufficient to break down any filtering scum that may have been formed. In two filtering basins on one occasion typical cholera vibrios were found.

Disinfectors.—Dr. Thresh of Chelmsford has devised a new steam disinfector. In this apparatus disinfection is accomplished by means of a "current" of steam at a few degrees above 212° and a perfect drying by hot air, which is introduced instead of the steam by the movement of a lever. The method is novel, and its further development will be watched with interest; it will be much cheaper both in its initial cost and in working than those now in use in this country.

The following is a list of the samples of the waters, foods, &c. sent to the Hygienic Laboratory at Netley for special analyses, and were reported on to the War Office during the year :—

	No. of Samples.
Water	59
Butter	3
Bread	1
Field service rations	1
Meat extract	1
Bovril	1
Condensed milk	1
Sugar	6
Malt liquors	6
Desiccated vegetables	7
Soil	4
Sewage effluent	2
Antiseptic dressings	1
Field dressings	2
Flannellette	1
Total	96

The following table gives the means of the analyses of water in parts per 100,000 :—

Table of Drinking Waters according to Purity.

No.	Class of Waters.	Chlorine.	Oxygen required for Organic Matter.	Ammonia.		Nitric Acid.	Hardness.	
				Free.	Albuminoid.		Total.	Fixed.
28	Fit for use	3·9830	0·0288	0·0020	0·0076	1·2345	17·97	8·32
13	Usable, but require filtration.	3·8846	0·1523	0·0032	0·0175	0·4340	9·15	6·84
18	Unfit for use	6·0388	0·1001	0·0189	0·0194	2·7429	18·88	11·27

In the above table those waters marked "Fit for use," the chlorine is somewhat above the average; this is due to many of the samples having been received from sea-side stations, such as Portland, Gosport, and Landguard Fort, &c.; the sources of the water supply were no doubt affected by sea-spray.

In every case where the water was suspected to be the cause of specific disease, a bacteriological examination was made. The results which this method gave were in nearly every instance in accord with the chemical analyses.

APPENDIX No. II.

LIST OF OPERATIONS PERFORMED AT THE ROYAL VICTORIA HOSPITAL, NETLEY, DURING THE YEAR 1895.

By **Brigade-Surgeon-Lieut.-Colonel W. F. Stevenson**, Army Medical Staff, Professor of Military Surgery, and **Surgeon-Major H. R. Whitehead**, Assistant Professor.

Operations.	Number of Cases.	Diseases.	Results.				Remarks.
			Completely successful.	Partially successful.	Failed.	Died.	
Colotomy, iliac - -	1	Carcinoma of rectum.	1	—	—	—	Died 6 months later from extension of the malignant disease.
Removal of glands, neck.	9	Suppuration of glands.	9	—	—	—	
Removal of glands, groin.	8	Do. -	8	—	—	—	
Removal of glands, submaxillary.	3	Do. -	3	—	—	—	
Removal of glands, groin and thigh.	1	Hypertrophy of glands.	1	—	—	—	
Wiring fragments of patella.	1	Fracture of patella	—	1	—	—	
Enucleation of eye-ball	3	Staphyloma -	3	—	—	—	
Operation for radical cure.	8	Inguinal hernia -	7	1	—	—	Seven of these men returned to duty; one man was discharged the service.
Castration - -	4	Syphilis, secondary	4	—	—	—	
Dilatation of sphincter and incision of sinuses.	7	Fistula in ano -	5	2	—	—	
Exploration of tendon, extensor of thumb.	1	Adhesion in cicatrix.	—	1	—	—	
Removal by scraping -	10	Lupus - -	—	10	—	—	All in same case.
Scraping - - -	1	Ulcer of rectum -	1	—	—	—	
Excision of tumour -	2	Papilloma - -	2	—	—	—	
Do. veins -	1	Varicocele -	1	—	—	—	
Do. do. -	5	Varix of leg -	5	—	—	—	
Exploration of radius -	1	Fracture of radius	1	—	—	—	A badly united fracture: some bone removed.
Plastic operation on upper lip.	1	Syphilis, secondary	—	1	—	—	
Abscess opened and drained.	2	Typhlitis - -	1	1		—	

Operations.	Number of Cases.	Diseases.	Results.				Remarks.
			Completely successful.	Partially successful.	Failed.	Died.	
Removal of sequestrum	4	Necrosis - -	4	—	—	—	
Plastic operation on eye-lid.	1	Ectropion - -	—	1	—	—	
Incision and drainage -	5	Abscess of liver -	3	—	—	2	
Exploration of femur -	3	Necrosis - -	1	2	—	—	
Excision of parts of ribs and drainage.	2	Empyema -	1	1	—	—	
Amputation, Symes -	1	Gangrene - -	1	—	—	—	A case of Raynaud's disease.
External urethrotomy, Symes.	2	Urinary fistula -	2	—	—	—	
Excision of elbow -	1	Synovitis, chronic	1	—	—	—	Pulpy degeneration of joint.
Opened and drained -	8	Chronic abscess -	4	4	—	—	
Removal of sequestrum	1	Gunshot of foot -	1	—	—	—	
Trephining of mastoid cells and antrum.	1	Middle ear disease	—	—	—	1	
Erasion of joint, wrist -	1	Scrofula - -	1	—	—	—	
Total - -	99	Total -	70	26	—	3	

Remarks on some of the Operation Cases.

Abscess of the liver.

Five cases of this disease were treated in the surgical division: of these two died, two were discharged fit for duty with their regiments, and one was invalided from the service. The histories of the fatal cases were as follows:—Lance-Corporal E. P., aged 26 years, was invalided from India in September 1894, and arrived at Netley in November. On admission here he had a secondary eruption, well marked, all over his body. He never had suffered from dysentery, but he had been in hospital while in India for diarrhœa for 15 days. He was a good deal emaciated; this condition continued to increase, and the temperature went up. In January 1895 he complained greatly of abdominal pains on the right side, but referred it to the region of the right kidney. The bowels were irregular in action; the liver dulness was increased in both directions; and, later, a spot of extreme pain and tenderness was described below the ribs, 1½ inches to the right of the ensiform cartilage. This condition continued until February 27th, the temperature being a hectic one, and the emaciation increasing. Pain was complained of all over the right side of the abdomen, but most marked at the spot above referred to, and in the right mid-axillary line low down. The urine was normal. Except pain and hectic, there were no signs pointing especially towards liver abscess; but as there were no signs of kidney or other disease, abscess was suspected. On February 26th a long needle attached to a hypodermic syringe was passed into the liver in front below the ribs, but no pus was found. On the next day the patient was put under an anæsthetic, and the liver explored with an aspirating needle, and pus reached in the mid-axillary line in the 8th interspace. A 3-inch incision was then made, about an ounce of pus flowing out. With the finger in the abscess cavity a septum, evidently across the cavity, was broken down, another cavity being opened into, and a large quantity of pus given exit to; a third abscess was evacuated in the same manner. A large drainage tube was put in, and the usual dry dressings of iodoform gauze and alembroth wool applied. At the operation it was seen that there was no adhesion of the liver to the abdominal walls at the point of the incision, but the liver bulged forward into the wound, and there appeared to be no chance of leakage into the abdominal cavity. The man improved a good deal, as regards pain and temperature, during the first 15 days, but he continued to look extremely ill; temperature from normal to 101·8° F. On March 6, while the abscess was being irrigated out, another septum was broken down, and a considerable quantity of pus mixed with shreds of liver substance came away. About the middle of March the discharge increased and diarrhœa set in, and he died of exhaustion on March 26th.

At the post-mortem the right lung was found to be much congested; the lower lobe was adherent to the diaphragm around a cavity communicating with that of the abscess in the liver. The liver weighed 80 ozs.; the upper surface of the right lobe was adherent to the diaphragm and to the abdominal wall at the operation site. The abscess occupied about half of the much enlarged right lobe. On the under surface there were several smaller abscesses, most of which communicated with the larger one. The small intestines were healthy, but in the large intestine there were several ulcers near the ilio-cœcal valve with ragged edges, and about the size of a shilling; further on in the colon and rectum there were many smaller ulcers, and many cicatrices of ulcers which had healed.

Private D. S., 19th Hussars, was admitted to Netley on the 16th March 1895, with the following history:—On January 4th he was attacked with fever and ague; this continued about five weeks; during this time he had a severe pain in the right side and right shoulder. He was much debilitated, and was sent to England on February 23rd for change of climate. He had no history of dysentery, but an admission for 10 days for diarrhœa. He improved according to his own account a good deal during the voyage home, but on his arrival at Netley he still complained of pain in the liver. His temperature was above normal, and he had an irritating cough; the expectoration was blood-stained and purulent. On May 13th, as the symptoms pointed to the presence of a liver abscess, the aspirator was employed. The needle was introduced in the 7th interspace in the anterior axillary line, and the presence of a collection of pus demonstrated. This abscess cavity was freely opened in this position and a piece of the 7th rib, about ¾-inch in length, excised, a large drainage tube was then passed into the cavity; 60 ounces of pus were evacuated, most of which was in the pleural cavity, and the opinion then formed was that a liver abscess had burst into the pleura. The temperature at once fell to normal and remained so for some weeks. The cavity drained fairly well, but no attempt at contraction took place. At times the discharge was very free and the pus typical of liver abscess. The original liver abscess was evidently at the upper surface of the liver and opened into the pleura through the diaphragm. For some weeks the patient improved greatly in health, but the discharge continued very free, and an enormous cavity remained. On June 16th his urine, which had been examined from time to time, was found to contain sugar, and from this date, although the amount varied, sugar was always present. Early in July his temperature began to rise, and from this time continued above the normal. Albumen was first noticed in his urine on July 10th, and the next day his feet and legs were much swollen and œdematous. The knees and ankles became red and swollen, and very tender to touch. On July 15th he was in a state of delirium, very weak, and refusing all food. On July 16th he had a convulsive attack, which began on the left side; the next day he had another convulsion, the fit being more of an epiliptiform nature; these seizures became frequent, the left side of face and left limbs were more affected than the right. On July 18th his temperature rose to 105°, clonic spasms drawing the head to the left side occurred about every five seconds, he did not rally in any way, and died on the 18th July. Post-mortem examination showed that the diagnosis had been correct; an abscess of the upper part of the liver existed, which opened into the right pleura. Several abscesses existed in the brain, one of which implicated the floor of the fourth ventricle. These abscesses were undoubtedly of a pyæmic nature. The very interesting question arises as to whether the abscess which exerted pressure on the floor of the fourth ventricle caused the glycosuria. In the notes of these two fatal cases of liver abscess there was, as already mentioned, no history of dysentery; but, judging from the post-mortem condition of the large intestine, it would appear probable that the man had suffered from this complaint. The first case was not one of simple tropical abscess (with early surgical treatment these usually recover), but was one of multiple abscess originating in numerous pyæmic centres of suppuration, and developing into many large abscesses, the course which liver abscess usually follows when resulting from infection from dysenteric ulceration. In the second case, although the drainage was free, there was very little probability of the enormous cavity formed by the abscess and the greater part of the right pleura contracting and healing up. Later, pyæmic abscesses formed in the brain, causing diabetes and death.

Sergeant H. McF., aged 35 years, of 18 years' service, was invalided from India and admitted at Netley in March 1895 for malarial cachexia. He had suffered greatly from severe and repeated attacks of ague, and was in an extremely weak and emaciated condition on arrival here; there was no history of dysentery. He was at first in the Medical Division, and while there he had many attacks of ague. After admission he began to complain of pain in the right hypochondrium and shoulder, and later, a general bulging and enlargement of the right side over the region of the liver became very apparent; there was neither redness nor œdema of the skin. The man was at this time in an extremely low and feeble condition; the pulse was rapid and weak; he had great dyspnœa, and the face was cyanosed. He was in the worst possible condition to undergo a severe operation, but as an aspirating needle passed into the liver showed the presence of pus, there was no alternative. A 2-inch incision was made in the 7th interspace in front of the mid-axillary line, and about 46 ozs. of pus given exit to; two large-sized drainage tubes were put in side by side and the wound dressed as quickly as possible. During the operation the patient's general condition was very bad, and it appeared possible that he would die on the table. This, however, did not happen, and after about four days he commenced to improve; cough was very troublesome for many days, and the amount of discharge was very great; the abscess cavity was irrigated daily with hot iodised water (ʒi. tinct. iodi to a pint of water) and after about a fortnight improvement in the man's general condition was most marked. Convalescence was slow, but eventually he recovered perfectly, gained about 2 stones in weight, and was discharged to return to duty with his regiment in July. The only object for which this case is brought forward is to show that even the worst cases of liver abscess may recover if treated by aseptic incision and drainage; a more unpromising one than this was there could not be.

The case mentioned below was one of great doubt and difficulty. We are led to believe in text-books that adhesion nearly always occurs quite early in the disease, when a liver abscess points in the intercostal spaces. In this case no such adhesions had formed, and in opening the liver abscess the cavity of the pleura was also opened, greatly increasing the danger to life.

Private J. B., 2nd Dragoon Guards, was invalided from Cairo on the 27th April 1895, his disease being diagnosed as debility, and was admitted to Netley 11th May 1895. He had a tubercular family history; had suffered while in the service from pneumonia, pleurisy, and from dysentery. On his arrival at Netley he complained of great pain on the right side, his temperature was high, and he appeared very ill. On May 15th some redness and œdema was noticed in the anterior axillary line on the right side in the 7th interspace. An abscess of the liver was diagnosed, and he was transferred forthwith from the medical to the surgical division. An aspirating needle was introduced in the 7th interspace at the spot where the œdema and redness suggested that a liver abscess was pointing. Pus was obtained in this situation and a free incision made into an abscess cavity in the liver; a piece of the 7th rib was also excised. On carefully exploring the cavity of the liver abscess it was found that no adhesions existed between the liver and the chest wall, and that the pleural cavity had been opened. A large tube was introduced into the abscess sac. For the first twenty-four hours the tube appeared to work well and the discharge was free, after this the tube slipped partially out, during a fit of coughing, and the next day there was no discharge in the dressing. It was evident that the tube had become displaced. The patient was therefore placed under chloroform, the position of the abscess again demonstrated by the needle, and the drainage tube re-inserted. The patient at this time was suffering from pneumo-thorax, the result of the opening of the pleural cavity. For some weeks the case was a very anxious one. The liver abscess eventually contracted; pus, however, collected in the pleural cavity and required drainage. Ultimately he recovered from this condition of empyema. The expansion of the right side was at first a good deal impaired. He improved very much, his weight increased rapidly, and considerable improvement took place in the expansion of the right side. He was discharged "unfit" on the 3rd September; he felt strong and well and quite able to follow his occupation, namely, that of a groom.

A case of operation for the radical cure of hernia.

The rupture was an oblique inguinal one on the right side, the patient being an invalid from India. The tumour was large, extending well down into the scrotum, and it was easy of reduction, but no truss which he had hitherto used had succeeded in keeping it up for any time. Under these circumstances the man was desirous that an attempt should be made to obtain a cure by operation. It is unnecessary to report in detail all the steps of the operation and the after-history of the case; but some of the points about it may be referred to. There was considerable difficulty experienced in separating the cord from the sac; the fundus of the sac was ligatured off where it passed into the scrotum and was left there; the neck of the sac was then freed from the cord up to the internal ring, where it was ligatured again (while it was being gently pulled on) and cut away, the stump slipping inside the abdominal cavity. A large mass of omentum was found in the sac and adherent to it at many points; this was ligatured and removed; silk was the ligature employed, and it was tied by means of the Staffordshire knot. During the operation the testicle together with its tunica vaginalis slipped up into the wound on several occasions and had to be replaced. This is mentioned with reference to what occurred later during the progress of the case. The case ran a satisfactory course until the 6th day, when the man complained of pain in the wound. The dressings were removed, and a small tumour was found under lower end of the incision, which was dry and united in its whole length; the skin over this was red and tender. A small incision into the swelling gave exit to a few drops of pus. It was then observed that the scrotum on the same side was empty, and that the tumour above mentioned was the testicle which had again slipped up into the situation mentioned, and was quite fixed there. Chloroform was administered and the testicle removed. After this the convalescence was uninterrupted, and the man eventually rejoined his regiment for duty. The slipping up of the testicle and its subsequent necessary removal was, of course, an undesirable accident of the case, but not so much as might at first sight appear. The testicles on the same side as large herniæ are often considerably atrophied (it was so in this case) and probably not of much functional activity; and, moreover, some operators make a practice of removing them as part of their procedures for the radical cure.

A case of middle ear disease and abscess of the brain.

Private J. F., aged 20 years, and of only a few months' service, was admitted here on August 26th, having been sent in from the camp in the New Forest complaining of pain in the eyes and of headache. No documents came with him, but he gave a history of discharge from the right ear of some years' duration and of deafness. On admission the man seemed to be stupid and listless, but his regimental comrades stated that this was his normal condition, so that it was difficult to tell how much of this state was natural to him and how much of it depended on implication of the brain by extension to it of inflammatory processes from middle ear disease. His face was flushed, and he complained greatly of pain over the front and top of the head, not to either side in particular; the tongue was dry and coated thickly with fur; temperature was 100·0° F. There was then no discharge from the ear, nor any signs of paralysis or affection of particular nerves. He was somewhat deaf, but answered questions readily and sensibly, and, having answered them, he would pass his hands over his forehead and head and commence to talk, almost incoherently, about the pain in his head and of his want of sleep. He lay with his eyes closed and was very restless; there was no pain or œdema over the mastoid process, nor any tenderness down the neck along the course of the vessels. On the second day he said he had had no sleep; he was restless, moving his head from side to side and complaining of the headache. Evening temperature 103° F., pulse 64. On the third day T. = 101·0 F., left pupil widely dilated and inactive, and there was ptosis of the lid on the same side. He said he had no sleep and that the pain continued as before. No vomiting and no rigor. T. = 101·6° F. in the evening. On the fourth day no change in the symptoms had occurred; T. = 101·0° F. A consultation was held on the case to consider the question of operation, but it was decided not to interfere at present either on the mastoid antrum or on the tempero-sphenoidal lobe, implication of which (probably abscess) the symptoms pointed towards; the ptosis and dilatation of the pupil continued; pulse = 68. On the fifth and sixth days no change took place, except that the temperature went down to normal, and he was more restless at night. On the seventh day T.= 98·0° F., pulse 50. Slight twitchings of the right leg were observed, but they seemed to be under control, as they ceased when his attention was drawn to them. The left pupil was equal in size to the other; the ptosis continued but in a less marked degree. He was quite sensible and answered questions well. On the eighth day a second consultation was held, and trephining the mastoid cells and antrum was agreed to. This was accordingly done, a ¼-inch trephine and a small gouge being used, and a drainage tube passed in through the mastoid cells and out through the external meatus. T. = 99·4° F., pulse = 50; abdomen retracted. In the evening he seemed to be better; he was quieter and said the pain in the head was less; T. = 102·8° F., pulse = 98. On ninth day, T. = 98·8° F., he had slept well and had been quieter during the night; he looked much better in the face; he still had headache, but less severely; pulse = 66. It appeared as though the operation had been of distinct advantage. In the afternoon he had a rigor, T. = 102·0° F., and he again complained of severe headache; he could not be kept quiet, but threw himself about in bed and was violent and delirious; he died at 5·25 p.m. with a temperature of 104·6° F. At the post-mortem next day the operation of trephining for abscess of the tempero-sphenoidal lobe was performed. A semi-circular flap was turned up, exposing a point 1¼ inches above and 1¼ inches behind the centre of the external meatus and a disc of bone removed; a small aspirating needle was passed into the brain for half an inch at the centre of the trephine hole and pus withdrawn; the brain was then removed and the abscess examined. It was situated in the right tempero-sphenoidal lobe, and was about the size of a small hen's-egg; it was smooth on its surface, and contained thick greenish pus. It was certainly unfortunate that this operation was not performed during life, but the symptoms of implication of the brain were not very well marked—ptosis of the left eye-lid and dilatation of the pupil, headache, and slight twitchings of the *right* leg and thigh muscles being the only ones present—and the consensus of opinion of those who saw the case was against operation other than the one done.

Wiring a fractured patella.

Private M. K. was sent home from Cyprus as unfit for the service on account of a fracture of the right patella due to direct violence. On admission at Netley the fragments, of which the upper was the larger, were found to be separated about two inches; the upper fragment was only slightly movable, there being a strong adhesion to the femur beneath. The man, with care and watchfulness, could walk fairly well, but with inattention the joint was liable to sudden flexion, thus letting him fall to the ground. The possibilities of improvement, or the opposite, from operative interference were fully explained to him, and he elected for having the attempt made to bring together the fragments by means of wire. The operation was performed on November 21, 1894; a 4-inch incision was made over the front of the joint, and the ligamentous substance joining the fragments was removed. The lower portion of the patella was found to have been composed of two fragments, but the union between them was close and good. The upper fragment was firmly adherent to the condyles of the femur, and was almost immovable. When these adhesions were cut away and broken down, so that the upper fragment was quite free, it was still found to be impossible to bring it in contact with the lower one. The tendon of the quadriceps extensor was, therefore, partially cut through on each side at different levels, and after refreshing the surfaces of the fragments they came together, but hardly in their whole extent. They were then wired together with stout silver wire in the usual manner; the joint was flushed out with a weak sublimate solution, and the skin wound closed with a continuous horse hair suture. Dry dressings were applied and a long back splint put on. The wound had to be redressed next day on account of soakage through the dressings, after which the course of the case was perfectly satisfactory, except that the patient was not as attentive to orders as he might have been, and did not keep his leg as quiet as he should have done. With gentle passive motion and massage commenced early the result was fairly good. When the man was discharged on 21 January 1895, unfit for further service, the joint could be flexed to about 20 degrees, and he could walk without fear of slipping down from uncontrollable flexion of the knee. The patient expressed himself as satisfied with his condition of only partial power of bending the knee, and stated that it was preferable to that existing previous to operation. As regards the difficulty of bringing the fragments together, I think I should be inclined, in a similar case, to do as I lately saw Mr. Ballance do at St. Thomas's Hospital, viz., to chip off the tubercle of the tibia, with its attached patellar ligament, and peg it to the bone at a higher level, so as to allow of the lower fragment moving upwards to meet the upper one.

Removal of portion of radius.

Private H. B., Royal Munster Fusiliers, met with a severe accident in Cawnpore on May 10th, 1894. He fell from the upper verandah of the barrack, and received several very severe injuries, amongst others a compound comminuted fracture of the right forearm. On admission to Netley the right forearm was found to be about an inch shorter than the left, the movements of pronation and supination were much restricted. On examination of the seat of fracture, in the middle of the forearm, the lower fragment of the radius was found to be over-riding the upper fragment; it was extremely sharp and only just covered by the skin. Every movement of the arm produced pain at this spot, and the arm was rendered on this account almost useless. It was decided to examine the seat of fracture with a view of correcting, if possible, the malposition. On cutting down and freeing the seat of fracture from the soft parts, it was apparent that the projection of the lower end of the radius backward was responsible for much of the difficulty and pain on movement. This portion of the bone was therefore removed. The soft parts healed up at once, and a much freer range of motion was obtained. The man, who had received in addition several other injuries, was invalided out of the service.

Excision elbow.

The origin of the disease in this case seemed very doubtful. Private D. G., of the Argyll and Sutherland Highlanders. First felt pain in the left elbow joint early in 1894; the joint was then painful and stiff; he did not go to hospital at this time, and the symptoms appeared to subside. In August 1894 the joint quite suddenly became very painful and swollen, and he was admitted into the Station Hospital, Dalhousie. There was no history of injury, and his family history was good. Suppuration soon occurred in the joint, necessitating a free opening and drainage. On his arrival at Netley on the 27th February 1895 the left elbow joint was considerably swollen; two sinuses led into the joint, and dead bone could be felt with the probe. The discharge was very free, movement produced much pain, and his rest was considerably disturbed by starting pain in the joint. An attempt was made by careful immobilisation of the parts, free drainage, and attention to the general health, to save the joint. After a fair trial it was evident that the disease was of too chronic and widespread a nature to obtain a satisfactory result by this method. Excision of the joint was therefore undertaken on April 27th, 1895. A single longitudinal incision was made; very extensive disease was found in the joint, the synovial membrane was much thickened and pulpy in character. A free section of humerus, ulna, and radius, was made, and all the diseased synovial membrane removed by scissors, spoon, and the application of pure carbolic acid. No complication occurred during the operation, the limb was put up in the usual way, and a drainage tube inserted between the bones. The after history of the case called for but little comment. By careful passive motion a very good result was obtained, and the patient left the hospital in August with very useful arm.

Iliac colotomy.

Private G. M., Royal Inniskilling Fusiliers, was admitted to Netley, November 15th, 1884, invalided from Burma. In July 1894 he first noticed difficulty in passing his motions, and also that they were "tape-like"; he also had pain on defœcation. He contracted syphilis in 1890, and had several admissions to hospital for that disease. On July 14th his symptons were so urgent that he was obliged to apply for admission to hospital. Purgatives at first gave some relief, but soon lost their power. On examination, a stricture of the rectum could be felt about an inch from the anus, the finger at the time could be passed through it, and bougies were used. The patient rapidly got worse, and ultimately the bowel could only be emptied by the passage of a No. 12 catheter, from which the end had been removed. On his admission to Netley the case was urgent, the patient was much emaciated and greatly debilitated, almost complete obstruction had taken place, and in addition the urine could only be passed through a catheter and with much difficulty. On examination per anum the rectum appeared completely blocked by a large fungating growth, which bled profusely after being touched. The diagnosis lay between syphilitic stricture and carcinoma. The rapidity of the growth, size of the tumour, and involvement of surrounding parts seemed to point to the latter condition. The iliac operation was preferred to lumbar colotomy, and performed in the usual way; the gut was not opened at the time of operation. For four days the case did very well. On the afternoon of the fourth day the patient suffered considerably from distension; after a violent fit of coughing he suddenly experienced very severe pain, and felt something give way at the seat of the operation. On immediate examination it was found that the gut had torn itself completely from its attachment to the abdominal wall, the stitches had come out and the intestine had fallen back into the abdominal cavity. The patient was at once placed under the influence of an anæsthetic, and the descending colon sought for and brought into the wound again. The gut was so altered and thickened, that it was impossible to sew it as in the first instance to the abdominal parietes. A glass rod was therefore placed through the mesentery to prevent further relapse, and the intestine was then opened. No further complication occurred, and the patient made a good recovery. The artificial anus continued to work well, and the patient improved very much in his health. For some months the improvement was maintained, then more trouble was experienced in passing water, and catheterisation was only accomplished with great difficulty. The patient's health began to fail rapidly, and he died from exhaustion on the 27th June. Post-mortem examination showed the existence of a scirrhus mass around the lower end of rectum and implication of the urinary passages in the growth.

mpyema.

In the following case of empyema, which was opened and drained early, the result was excellent.

Sapper H. H., Royal Engineers, contracted influenza at Romsey, where he was stationed. Pneumonia of the right lung supervened with pleuritic effusion. The fluid in the right pleural cavity was found, early in May, to have become purulent; he was transferred to Netley, and admitted on May 14th. On May 16th the empyema was freely opened, the pleural cavity washed out, and drained. The incision was made just below the angle of the scapula, about the level of the 8th rib. Great improvement in the general condition of the patient at once took place; the temperature, which had been high for some days previously, fell at once to normal, and did not rise above this point again. The drainage tube was permanently removed on June 14th, 29 days after operation. The lung expanded thoroughly, and no difference in expansion could be detected on comparison with the opposite side. Recovery was excellent, and he was discharged fit for duty on July 8th, fifty-five days after admission.

ecrosis of
lavicle.

Gunner W. W., Royal Artillery, was admitted into hospital at Netley on April 11th, 1895. He was invalided from Bermuda. The history of the case was that the summer before his admission he received a severe kick on the right clavicle. About a month after this he began to experience great pain in the bone. He was admitted into the station hospital, St. George's, Bermuda. A large abscess formed in the right clavicular region, which was opened. On his admission to Netley three sinuses existed, all of them leading down to a large sequestrum of the right clavicle. This was loose; the bone around was much thickened, and the discharge profuse. The movements of the right arm were painful and much restricted. He was advised to submit to operation, but declined this till the latter end of May. A good deal of new bone had to be removed to allow the passage of the sequestrum, which was of very large size, and composed of most of the shaft of the bone. The wound granulated from the bottom. He was discharged from hospital on the 9th of July with the parts soundly healed, and all the movements of the arm were perfect and without pain.

Erasion of wrist joint.

C. G., 2nd Battalion Welsh Regiment, was admitted to Netley on November 21st, 1894. Invalided from India. This man contracted syphilis in 1893, followed by mild secondary symptoms. He continued after this in good health till March 1894. While engaged in shifting some baggage a box fell on his right wrist and crushed it. Inflammation of the joint took place, which ended in suppuration, and, as a result, a sinus formed on the radial side of the wrist, and had continued to discharge since this date. On his arrival at Netley the joint was a good deal swollen and painful, and the discharge from the sinus plentiful. The parts were immobilised, free drainage ensured, and efforts were made to improve the general health. The local conditions, however, remained the same. On January 29th, 1895, a free incision was made into the wrist joint; very extensive disease of the lower end of the radius was found, and also of the carpal bones. All the carious bone was removed as far as possible by means of scoop, gouge, and forceps, and the arm placed on a specially adapted splint. Very little hope had been entertained at the time of this operation of ultimately saving the hand. The case, however, did remarkably well; his general health improved greatly, and the discharge became almost *nil*. When he left the hospital on March 12th the parts seemed to be consolidating, and to give every prospect of a very useful hand.

Lupus.

A very chronic and intractable case. A slight family history of tubercle was elicited, but otherwise his family and previous history were good.

Lance-Corporal M. C., of the 3rd Battalion Rifle Brigade, first noticed a small ulcer on the right ala of the nose at the latter end of 1893. The ulceration spread over the nose slowly, but steadily, and he was admitted to hospital at Dalhousie in February for this condition. The parts were scraped on two occasions without arresting the disease. He was consequently invalided to England, and was admitted to Netley, November 16th, 1894. On admission the ulceration extended over both sides and tip of nose, and upper lip; the soft palate and gum were also implicated. On ten different occasions the parts were scraped and destroyed by Paquelin's cautery. The sockets of six teeth in the upper jaw became involved in the disease, necessitating the removal of these structures. The disease is now quiescent. A good deal of disfigurement has resulted from the destruction of part of the nose, and septum, and a plastic operation will have to be undertaken later, if the tissues remain free from disease, to rectify this.

Abscess of lung.

The case detailed below is an exceedingly instructive one, and demonstrates the uncertainty which occasionally accompanies the diagnosis of abscess of the liver. The case was invalided from India as one of liver abscess, in which the abscess had burst into the lung, and was emptying itself in this manner. The real seat of the abscess was not suspected, and post-mortem examination alone showed the true nature of the disease.

Private W. S., 1st Dorsetshire Regiment, had enjoyed good health in India till November 1894. On the 25th of that month he pulled in a tug of war; the next day he felt ill, and thought he had received a chill. He was obliged to go to hospital at Cannanore, where he was then stationed, on November 27th. He complained at this time of fever, vomiting, and great pain in the hepatic region. He continued very ill for some weeks; during this time the expectoration became very profuse. An abscess of the liver, which had burst into the lung, was diagnosed. He was brought before an invaliding board on February 14th, 1895; this view of the case was taken, and he sailed for England on March 6th, arriving at Netley, March 27th, 1895. On his arrival at Netley the man was much emaciated. He complained of pain on the right side in the hepatic region. The liver was enlarged and somewhat painful. He had profuse expectoration of a chocolate-coloured sputum. His temperature was invariably above normal. On examination of his chest bronchitic râles were present over the whole chest; some dulness of both bases of lungs was noted, commencing about the level of the 6th rib behind. Some localised friction was present on the left side. Taking into consideration the history of the case, and the diagnosis already arrived at, the case was believed to be one of liver abscess, which had burst into the lung and was thus emptying itself. On several occasions this abscess was sought for with the aspirator, but no pus was found. The case went steadily to the bad, the expectoration became more profuse, diarrhœa set in, and the man died from exhaustion on the 4th of May 1895. The post-mortem examination disclosed a large abscess situated in the base of the left lung, but no abscess in the liver.

Abdominal abscess.

Gunner L. P., of the Royal Artillery, was admitted to the Royal Victoria Hospital, March 16th, 1895. The history of the case was as follows: While stationed at Roorkee, Bengal, in August 1894, he first noticed a small swelling in the left side of the abdomen, just above the centre of Poupart's ligament. What drew his attention to the matter was the painful pressure exercised on it by his belt. In September the pain on the left side was considerable, and he was obliged to go to hospital. The tumour was at first thought to be a cyst connected with the ilium. It extended deeply into the pelvis, and appeared to be connected with that bone. The patient lost flesh and strength, and the tumour increased considerably. On his admission to Netley a distinct globular swelling was present in the abdomen on the left side. It was immovable, and fluctuation could be obtained. No pain in back was complained of, but it was noted that on pressure the upper dorsal vertebræ appeared more sensitive than the others, and that the spinous processes of these vertebræ were more prominent. On passing an aspirating needle into the swelling some thin pus was obtained, and it was consequently decided to open this abscess cavity and drain it. This was done midway between the umbilicus and the anterior superior spine of ilium. While under the influence of chloroform it was noted that a smaller tumour, but similar in other respects, occupied the right side of abdomen. On opening this a few days later, and examining the direction of the cavity, this was found to lead upwards and backwards to the spine, and although carious bone could not be felt it seemed evident that the case was one of caries of the anterior surface of the higher dorsal vertebræ, and that the pus had found its way into the abdomen behind the pillars of the diaphragm. The case is still in hospital, and, the sinuses discharging, no attempt at falling in of the vertebra and ankylosis has as yet taken place.

APPENDIX No. III.

REPORT ON THE TREATMENT OF SYPHILIS BY HYPODERMIC INJECTION OF MERCURY.

By Surgeon-Major R. L. Love, M.D., Army Medical Staff.

Since April last I have treated all cases of syphilis that presented themselves at hospital by hypodermic injections of mercury.

It will be seen by the list of cases attached that some had contracted syphilis years ago, and had previously been treated by mercury by the mouth; three cases had received hypodermic injections of mercury before their arrival at Darjeeling; others contracted syphilis at Darjeeling, and this treatment was adopted as soon as syphilis was diagnosed and constitutional signs were present. In these last cases this treatment proved eminently satisfactory. It is a pleasing sight to witness the discomfiture of the disease, beginning usually after the second injection, and steadily terminating in the total disappearance of all traces of syphilis.

I was induced to try this method of treatment after reading a paper in the Army Medical Department Report for 1891.

At the outset several difficulties presented themselves to me in applying this treatment. I carefully copied the quantity of each ingredient in the prescription, but found on mixing it, as directed, the result was almost a solid mass which could pass through no hypodermic needle procurable. This I remedied by adding more olive oil, so as to render it sufficiently fluid to pass through a coarse hypodermic needle. The prescription I now use is—

Hydrarg., drachms one, by weight.
Lanolin, drachms two, by weight.
Olive oil, drachms two, by measure.

These, when thoroughly rubbed up in a mortar for two to four hours, form a cream about the consistence of treacle, which retains the mercury intimately suspended in it. I sterilise the olive oil by heat, and not by the addition of carbolic acid, which I do not think necessary, and which I thought, when I used it, caused unnecessary pain in the hip after injection; the olive oil is allowed to cool before being rubbed up in the mortar. If the cream be subjected to heat over about 100° F. the mercury falls to the bottom, and no amount of rubbing up can intimately mix it again. Heat converts the lanolin into a thin fluid. To inject this cream the hypodermic syringes supplied to our hospitals are unsuitable. A stronger one and with coarser needles is required. I had no difficulty in finding what I wanted at a local chemist's; the lumen of the needles is about twice the size of the ordinary needle. They are of steel and 1½" in length. When injecting I rapidly insert the needle to the hilt into the muscles of the hip before pressing on the piston. On the day following the injection more or less pain is complained of in the hip; it soon passes away and causes no inconvenience. All patients receiving this treatment are allowed to attend hospital on fixed dates for an injection, which is usually administered once a week. If the sore on the penis is not healed, or if the glands in the groin are painful after exercise, I then admit them to hospital, as rest is essential in the treatment. Many of my patients complain of tenderness in the gums, as a rule, after the fourth injection, *i.e.*, a month after the treatment commenced. I then stop the injections, and when I began this treatment, put them on iodide of potash and bark with tender and they were stopped. At this time the rash had entirely disappeared from the body, and was fading off the arms and legs. On 20th September 1894 there was no rash visible. I examined him on 9th October 1894, and he was free from syphilis.

(20.) Private H—— contracted syphilis in 1892, and was treated by mercury by the mouth. I first saw him on 14th August 1894, and found him suffering from psoriasis of both legs, worst below the knees, but extending to the thighs. I injected minims x Hg. cream. He had four similar injections. After the second, the disease began clearing off. After the fourth there was no trace of psoriasis. I examined him on 9th October 1894, and found him free from syphilis; the gums were not affected.

(21.) Gunner W—— contracted syphilis at beginning of 1893, and had then mercury by the mouth. He states his tongue has never been right since. I first saw him on 26th August 1894, when he complained of severe pain at the back of the head, which was worst at night, and had been continuous for months. There were numerous small gummata at the sides of the tongue. I injected minims x Hg. cream. I gave him three similar injections in three weeks and one of minims v on the fourth week. After this the gums became tender and they were discontinued. At this time the tongue was free from syphilis; there was still pain in the head, but not so severe. I then put him on iodide of potass. mixture, and have continued it up to date. There is still slight pain complained of, now more at the sides than the back of the head.

(22.) Corporal M—— contracted syphilis in July 1894, and had not been treated by mercury. I first saw him on 6th September 1894, and found the hard base of a sore on the prepuce then healed, a gland in the left groin as large as a hen's egg, hard and painless, and a roseolar rash all over the trunk and limbs. I gave him an injection, minims x Hg. cream. This I repeated the next week, when the rash began to fade rapidly. On the two following weeks I injected minims v; the gums then became tender, and injections were discontinued. At this time the rash had entirely disappeared. The enlarged gland was smaller and softer, and the hard mass on the prepuce steadily disappearing. He is still under observation.

(23.) Bombadier G—— contracted syphilis in July last, and has had no mercury. He came to me on 19th September 1894, and reported that the old sore had broken out again where a hard lump remained, and that three days ago he noticed a rash all over him. I found his statement correct, and injected minims x Hg. cream. On 26th September 1894 I found the rash fading, and the sore healed. I injected minims vii. On the two following weeks I injected minims v at each injection. On 10th October 1894 the rash was completely gone. A little hardness still felt on prepuce. On 17th October 1894 he was quite free from syphilis; the gums were not affected.

(24.) Private D—— observed two sores on the prepuce early in September, but did not report himself at hospital till 15th September 1894, when he was admitted. The sores had hard bases, and were situated on each side of the frænum. With local treatment they were quite healed on 1st October 1894. On 2nd October 1894 I discovered a roseolar rash all over the trunk and limbs, the glands in both groins a little enlarged; groins have cicatrices from old suppurating glands. I injected minims x Hg. cream. On 10th October 1894 I injected minims vi; the rash unchanged. On 17th October 1894 I injected minims v; the rash rapidly fading. He is still under observation.

(25.) Private T—— had one admission for secondary syphilis in August 1893. He was only nine days in hospital, and there is no record that he was treated with mercury. On 30th September 1894 I observed a slight mottling on the skin; he said he was always like that. On 5th October 1894 the rash had become very typical, bronze in colour and all over the trunk and limbs. I found a hard mass on the prepuce and the glands in both groins enlarged and hard. I injected minims x Hg. cream. On 10th October 1894 I found the rash unchanged and injected minims viii. On 17th October 1894 the rash was rapidly fading off. I injected minims vi. He is still under observation.

Summary.

1. I am satisfied that this method of administering mercury is followed by better results than any other method.

2. Instead of a six months' course of treatment by the mouth, a six weeks' course of injections or less is sufficient in most cases to remove all signs of syphilis.

3. In the majority of cases local manifestations, such as ulcerated throat, require local treatment in addition to hypodermic injections.

4. No serious local complications attend the injections when properly given.

5. The day following the injection a hard mass, varying in size from a pigeon's to a turkey's egg, can be felt deep in the muscles of the hip injected. This disappears when the injection has been absorbed into the circulation.

6. Nearly every case complains of more or less pain the day after the injection. This passes away with the inflammatory action set up for the absorption of the mercury. Those who complain of most pain prefer to bear it rather than have the injections discontinued, as they know by doing so they will get rid of the disease.

7. Most of my cases had their gums slightly affected. I am strongly of opinion that a scorbutic taint had something to do with it. On several occasions I have had to treat men with ulcerating gums who had no mercury and whom lime-juice and plenty of vegetables soon cured.

8. With one or two exceptions all my cases attended hospital once a week for treatment. In consequence the hospital had seldom more patients in it than the number for which it is equipped. Overcrowding was frequent in previous years.

9. When undergoing treatment I have recommended every man to live well, limiting him to one pint of beer to his dinner daily, to take plenty of exercise, and keep himself warm and dry.

10. If a man's organs, secretory and excretory, are unsound, he has no chance of recovering from a bad attack of syphilis, no matter what treatment is adopted. In my second case, which died, the kidneys were found diseased at the postmortem examination. He had also suffered much from ague in this country.

Station Hospital,
Darjeeling,
23rd October 1894.

APPENDIX No. IV.

A CASE OF MORPHIA POISONING TREATED BY SOLUTION OF PERMANGANATE OF POTASH, WITH RECOVERY.

By Surgeon-Captain G. S. Walker, M.B., Army Medical Staff.

About eight o'clock on the evening of the 3rd August 1895, I was hurriedly called to see a patient who was reported to have been taken suddenly ill, and who was apparently lying in a very helpless and dangerous state in his bedroom.

On my arrival I found him in a semi-comatose condition, though still capable of being slightly roused. The skin was cold and clammy, the pupils contracted so as to be almost invisible; the pulse was rapid, soft, and compressible. The respirations were shallow, but not materially altered in number, and there was suppression of urine.

A bottle lay on the table marked "Poison" but had no distinctive label; it contained a small quantity of a nearly colourless liquid, which I afterwards ascertained to be a very strong solution of morphine (he admitted to me after his recovery that he had taken the drug about an hour-and-a-half before I saw him, and the quantity taken would represent over sixteen grains of the sulphate); when I saw him, however, there was no mistaking his symptoms.

From the extreme condition in which I found him, and from his evidently having taken an excessive overdose of the drug, I felt that it would be useless to trust to belladonna, and having ascertained that his stomach was practically empty, I determined to adopt the treatment recommended by Dr. Wm. Moor, U.S.A., reported in the British Medical Journal of June 22nd of the current year, and accordingly with considerable difficulty got him to swallow five grains of permanganate of potash, dissolved in a half-pint of water; I then had him placed on his feet and supported between two attendants who moved him gently about.

In about half-an-hour after swallowing the solution he vomited, and in a few minutes after, I repeated the dose; he appeared a little more sensible after the vomiting, but I had considerable difficulty in keeping him awake, and his pulse grew so faint that for some time I feared that all efforts would be useless; hypodermic injections of strychnine, however, had a marvellous effect in strengthening the heart's action.

Three doses of permanganate solution (5 grains in each) were administered in all, and vomiting occurred in about half-an-hour after each dose, and this was followed by marked improvement. I remained with him until six o'clock next morning, when all immediate danger appeared to be over, and he subsequently made a rapid recovery.

This case illustrates the marvellous affinity which permanganate of potash has for morphine, even when it has been absorbed into the system as in this case. Morphia is well-known to be largely excreted by the mucuous membranes of the stomach, and the administration of the permanganate unquestionably accelerates its eliminaticn by that organ, the alkaloid being rapidly taken up and oxidized by the permanganate.

Another important fact is elicited from this case, *i.e.*, that though the morphine be absorbed into the system, it is not absolutely necessary to administer the antidote hypodermically; one grain of permanganate oxidizes one grain of morphine, and when a large dose of the poison has been taken, as in the above case, it would be obviously unsafe to administer the requisite amount of the antidote hypodermically. In addition, permanganate of potash produces very unpleasant symptoms when administered subcutaneously, as well as causing a good deal of local irritation.

I believe that in permanganate of potash we have a safe and reliable antidote for opium, and its chief alkaloid, morphine.

APPENDIX No. V.

ABSTRACT OF A CASE OF SUPRA-PUBIC CYSTOTOMY.

By Surgeon-Major M. DUNDON, M.D., Army Medical Staff.

Recruit A. W.——, 1st Royal Inniskilling Fusilliers, age 22, service three months, a native of Ballina, Co. Mayo, was admitted into the Station Hospital, Kinsale, 25th February 1895, complaining of pain over the bladder, frequent and painful micturition, with a thin acrid discharge from the urethra. Never had gonorrhœa. Never passed blood. Water never stopped in its flow. Stated he had similar symptoms before enlistment. Any exertion or jolting makes his pain worse. Could not bear the passage of a catheter. Sp. gr. of urine 1010, pale coloured, thick with pus, and alkaline in re-action. He was given benzoic acid, grs. x, three times daily, and kept on milk diet and barley water. On March 7th the urine had cleared up, and with difficulty I passed a No. 6 silver catheter, and detected a large stone. He was now given boric acid, with belladonna in pareira decoction, and the bladder was washed out daily with boric solution 1 in 50. He refused any operation, but finding no relief on April 6th consented. On April 10th the pubis being shaved and cleansed, the bladder washed out, the rectum dilated with two of Barnes' bags, the bladder distended with 20 ounces of warm boric solution, I performed the usual operation for supra-pubic cystotomy. Chloroform was given by Surgeon-Lieutenant Walker, Army Medical Staff, and Civil Surgeon Vicary assisted me. After firmly seizing the exposed bladder with a tenaculum, I punctured it vertically, inserting the left index finger, and besides that, by gently dilating the opening, the right index finger, and using these fingers forceps like easily extracted the stone. It proved to be an oxalate of lime calculus, weighing when dry 350 grains, exactly like a walnut, but rougher on the outside. No stitches were placed in the bladder, but the abdominal incision was stitched up with deep sutures, a drainage tube inserted into the bladder, and equable pressure applied with pads of iodoform wool, covered with a triangular bandage. A soft catheter was passed through the urethra draining into an urinal. There was no hæmorrhage.

For five days he had a rise of evening temperature, up to 102° on two occasions, and he became very nervous and hard to manage. He imagined he was suffering from bronchitis and gastritis, and was continually coughing and straining. At first all the urine passed through the wound, which was dressed daily, and which healed kindly up to the drainage tube. There was never any abdominal pain or distension, and the bowels moved naturally on the fourth day. All the stitches were removed on April 17th, and the drainage tube on April 28th. The catheter was removed for daily cleansing and re-inserted. Surgeon-Lieutenant Walker, Army Medical Staff, who took over charge on May 2nd, informs me that on May 5th, when almost well, the patient, contrary to explicit orders, strained severely when passing water, and forced a little urine through the bladder wound into the tissues. This caused a slight rise of temperature, and the abdominial wound was re-opened at one end, and irrigated with boric solution. After this all went well, and the patient was discharged on June 7th to two months' sick furlough. The long stay in hospital was due to the patient's irritability. I found him on several occasions trying to micturate after withdrawing the catheter, thus keeping open the bladder wound.

The principal points on the operation are:—To make the abdominal incision exactly in the median line down to the symphysis pubis, and not more than three inches upwards. Not to cut, but tear through the fat over the bladder. To distend the bladder well with warm antiseptic fluid, or with an equivalent of air, which is preferable on account of its equable pressure. To distend the rectum so as to tilt forwards the bladder. In cases with foul urine the bladder should be washed out with some antiseptic for many days before, and right up to the hour of operating. If a metallic catheter is used in distending the bladder it would be useful as a director by tilting forwards its point towards the abdominal wound, especially in cases where there is a large deposit of abdominal fat. Effective bladder drainage and equable abdominal pressure are most essential.

APPENDIX No. VI.

OPERATIONS FOR THE RADICAL CURE OF INGUINAL HERNIA.

By Surgeon-Major W. L. LANE, M.B., Army Medical Staff.

The following four cases of inguinal hernia in which I have performed the operation of radical cure may be of some interest.

1. Bugler A. McC——, æt. 16 years, 1 Conn. Rangers, was admitted to hospital on 3rd May 1894 with incomplete reducible left inguinal hernia of a few months' duration. On 29th June 1894 he was placed under chloroform; an incision was made the length of the inguinal canal, from the inner side of the external ring to the outer side of the internal ring. The sac was thoroughly cleared by dissection and opened, some omentum protruded which was tied by stout catgut ligature and removed and the stump returned into the abdominal cavity, the hernial sac was next ligatured with catgut at the neck and cut off. The conjoined tendon, edge of the internal oblique, and deep surface of Poupart's ligament, having been exposed, one end of a silk worm gut thread was passed through the conjoined tendon and the other end through the same tendon at its junction with the internal oblique, by means of a curved handled needle; the thread being passed from without inwards, the tip of the left index finger acting as a guard under the structures to be entered. The free ends of the sutures were then carried through the outer border of the internal ring and Poupart's ligament from within outwards, pulled and tied, thereby closing the internal ring; next the pillars of the external ring were brought together by a series of interrupted sutures of the same material, care being taken not to injure or too tightly compress the cord; the operation was completed by closing the cutaneous wound by a continuous catgut suture over which collodium was applied, iodoform dusted and covered by antiseptic gauze and salicylic wool, bandaged and placed in bed with knees flexed over pillows. Wound was redressed ten days after the operation. The patient was allowed up four weeks after operation. He made an excellent recovery; was last examined in December and was at his duties.

2. Gr. W. L.——, R.A., æt. 25 years. Had suffered for four years from a large complete right inguinal hernia. On 17th September 1894 he was placed under chloroform and operated on for radical cure, which was similar in detail to the first case; he made a most satisfactory recovery, the cure seems to be permanent, and he is at present, nearly 12 months from the date of the operation, performing his duties.

3. Private E. S.——, 1st Cameronians, æt. 22 years. Has suffered from complete inguinal hernia on both sides, on the right since July 1892, on the left since May 1893. On 28th December 1894 the left hernia was operated on, the incision was as in the first case; on exposing the sac the hernia was found to be congenital; the lumen of the sac was closed by bringing its walls into apposition with continuous catgut sutures passed through them from the neck to as low as the external ring. The internal and external ring and the cutaneous wound were closed as in the first patient. He had an attack of bronchitis three weeks after operation, and two of the deep silk worm gut stitches ulcerated through, the result of these being a slight protrusion at the internal ring, whereas formerly the hernia descended into the scrotum; his condition was therefore only improved by operation. He declined further operative treatment.

4. Private C. E.———, 1st Royal Lancashire Regiment, 31, service 11 years, suffering from incomplete reducible left inguinal hernia. On 22 June 1895, he was put under chloroform, the incision made, but the operation had to be given up as he bore the anæsthetic very badly. On 2nd August 1895 he was anæsthetized with ether; the incision was made through the scar of the operation attempted on 22nd June 1895. There was a good deal of trouble in clearing the sac owing to firm adhesions to it of the vas deferens and blood vessels of testicles. The details of the operation were similar to case 1, except that the sac was tied with well-prepared antiseptic silk before removal; the same material was also used for approximating the conjoined tendon to Poupart's ligament, and continuous catgut suture for the pillars of the external ring. It was thought unadvisable to use silkworm gut sutures in this case, as it caused irritation in the preceding one.

The wound healed by first intention; up to date—over 5 weeks since the operation—the cure appears to be perfect.

Remarks.

In the operation for the radical cure of non congenital inguinal hernia the important points appear to be:

a. Removal of the sac after ligaturing its neck.

b. Approximating the conjoined tendon and internal oblique to the outer border of the internal ring and Poupart's ligament.

c. Closure of the external ring by bringing its pillars together either with continuous or interrupted sutures.

d. Care to be taken not to injure the vas deferens or to compress it and the spermatic vessels too tightly when closing the rings.

When the sac is large and extends into the scrotum the diagnosis from congenital hernia is made either by pressing the testicle into the lower part of the incision, or after clearing the sac, opening it and passing a finger into it towards the testicle; if non congenital its lower end is not reflected on it.

APPENDIX No. VII.

NOTES ON REVISITING THE MEDICAL SCHOOLS.

By Surgeon-Captain M. W. H. RUSSELL, Army Medical Staff.

It is a practice fraught with much advantage to the student and practitioner to occasionally take stock of knowledge acquired, and compare it with the state of knowledge possessed at a certain fixed anterior date. By such means ideas and methods are defined and crystallised, and modifications in practice insensibly acquired in the course of ordinary professional work, possibly the result of enlarged experience and more mature judgment, are brought under review and are finally adopted or rejected according as they withstand or succumb to the more deliberate criticism brought to bear on them. To the individual worker such retrospects are of signal value and frequently reveal discrepancies so serious as to apparently destroy all consistency in practice and to engender a feeling akin to dismay in the mind of the inquirer. But on calmer reflection it will be recognised that no such feeling is justified, provided the discrepancies noticed are not the result of haphazard work but have been dictated by an intelligent desire to keep the art of surgery abreast with its ever-advancing science. Many changes will be found to be due to greater acquired dexterity and confidence, justifying a bolder course than would have been meet for the semi-experimental efforts of the beginner. Others have been rendered necessary by the fuller elucidation of some erstwhile unsolved problem or have been justified by more than ordinary success in the hands of experienced operators.

But if changes of procedure such as I have foreshadowed are found in the records of individuals, they become much more salient and striking when the work at the great medical schools is brought under review. It would be strange were it otherwise. In these centres we have brought together the acknowledged leaders of the profession, men of large and varied experience, persistent in their efforts to take advantage of any new departure which commends itself to their ripened judgment as likely to lead to advancement in their art; and also the keenest intellects of the rising generations of surgeons untrammelled by old traditions and eager for change and progress. Abundant change there must be and is under such auspices and much of progress also. It was with some such thought as this that I repaired to my old hospital on my return from foreign service to attempt to take stock of the more notable changes and to see in the concrete that of which the periodical medical press had but given me a somewhat nebulous idea.

The time at my disposal was short and my review necessarily somewhat hurried, but I took pains to verify so far as lay in my power such observations as I made.

In the present paper it is my intention to confine my remarks to modifications in relation to operative measures.

Anæsthetics.—My inquiries on this head left no room for doubt that ether still holds the field as the prince of anæsthetics. Small as the risk of casualty with chloroform is, the margin of danger with ether is smaller, and this consideration alone in the vast majority of cases is sufficient to ensure its use. The favourite method of administration is, as it was in my day at hospital, the Clover inhaler, though the wasteful felt cone is still occasionally used. The old and the very young and those troubled with bronchial affections are the only cases considered unsuitable for ether, though another anæsthetic is frequently preferred in abdominal operations owing to the tendency of ether to cause cough. When combined with a preliminary administration of nitrous oxide gas this anæsthetic cannot be excelled. It is more than a pity that ether cannot be more extensively used in military surgery, but its great bulk and rapid evaporation and deterioration render it unsuitable for field work where compression and stability are all important.

Chloroform, though frequently used, is not held in such paramount esteem in the London schools as in the Scotch, where I understand it still holds pride of place as the premier anæsthetic. The chief reasons which I have heard alleged for its comparative disuse in England are (1) the slightly greater mortality attending it, and (2) the more frequent occurrence of vomiting after its use. The influence of the Hyderabad Commission has not been of sufficient weight to induce anæsthetists to trust so completely to the observation of the breathing to the disregard of the pulse as was inculcated in their report. The pulse is still held by experienced anæsthetists to give early and valuable warnings and is, so far as I can see, as jealously watched as ever.

The usual methods of administration appear to be (1) by sprinkling on a light flannel mask (Skinner's) from a drop bottle, and (2) by means of Junker's inhaler; and the practice of preparing a patient for chloroform anæsthesia by the administration of a dose of brandy half an hour beforehand is still carried out and held to be of value. Of course food is withheld for some hours before.

Of other general anæsthetics two only, I think, require mention, viz., the a. c. e. mixture, and bichloride of methylene.

The a. c. e. mixture has a limited vogue. It is a pleasant anæsthetic holding an intermediate position as regards safety between ether and chloroform, but for military use I think it may be put out of court as it requires to be freshly made and would thus entail carrying the three separate ingredients.

Bichloride of methylene, so largely employed and justly extolled by Sir Spencer Wells, is not, I think, used to the extent it deserves in general surgery. The chief drawbacks to its more prevalent adoption are, I think, its greater cost and extreme instability. In a somewhat extended experience of it whilst resident medical officer at a large provincial hospital, I found it a most reliable and satisfactory anæsthetic, free from the headache which so frequently follows ether, and attended with less tendency to sickness than chloroform. To ensure freshness it was always supplied in 1 oz. or 2 oz. phials, a very necessary precaution, as I found that after having been once unstoppered it rapidly deteriorated, and though ensuring admirable results for the day it could not be confidently depended on for future use. This characteristic is, I fear, sufficient to bar its introduction into military use.

To sum up, as regards general anæsthetics I can see little change, either in the medium used or in the method of administration, from the practice when I left the medical schools 13 years ago. There remains in my own later experience of anæsthetics one point which has been forcibly impressed upon me and of which I do not recollect having met with previous mention. I have found when administering chloroform in a hot climate, and especially at a high altitude, that a much greater quantity of the anæsthetic is required to produce insensibility than I have found necessary at home. This is probably to be explained by the diminished density of the air and freer ventilation in such places and the consequent quicker evaporation. It is a point of some practical importance, as if unaware of it the young anæsthetist administering chloroform under these conditions may have his confidence in the quality of the drug he is using seriously shaken, a condition of mistrust being engendered unfortunate both for himself and his patient.

Local anæsthesia may be briefly dismissed.

Cocaine has, of course, come to stay. In the field of ophthalmic surgery it has proved itself a veritable godsend, and has taken a firm hold. Compared with the days before its properties were known and utilised in this direction an enormous stride is marked. It has largely curtailed the necessity for general anæsthesia in these operations, and in such frequently troublesome proceedings as the search for and extraction of embedded foreign bodies has afforded an aid to the surgeon which can only be appreciated by those who have experience of a former *régime*. But in other fields it has disappointed expectations. My enquiries tend to show that it is less used in dentistry than some years ago, and in general minor surgical operations it has become almost a *quantité négligible.* This is, I think, to be regretted, as I have frequently found it of great service in such operations as circumcisions and the ligature of piles, and I am of opinion that in such and similar cases it might deservedly be used with greater frequency. I have personally never seen any of the ill-effects described as occasionally following its administration, particularly when used hypodermically, but their undoubted though infrequent occurrence enjoins continued caution in its use.

Ether Spray.—When I left hospital this method of producing local anæsthesia was occasionally used, but I am given to understand is now in very rare request. It was in itself not a painless process, the thawing being often attended with more than discomfort, and its influence on the tissues in the immediate neighbourhood of the wound was said to be sometimes deleterious, though I never saw any ill-effect. For these reasons it has fallen into disuse. Jacobson condemns it from experience on his own person on three grounds:—(1) It is not painless; (2) it alters the skin so much as to embarrass the operator; and (3) wounds made in frozen skin are apt to leave thickened and cheloid scars.

Local preparatory Measures.—Whereas formerly a good soap and water washing followed by a sponging with an antiseptic solution immediately before operation was generally held to be sufficient, at present a much more rigorous cleansing of the skin to be incised is practised, the object being to free as far as possible the immediate neighbourhood of the wound from organisms which form a nidus in the epidermal layers of the skin. In non-emergent operations this process of preparation is often extended over several days, and consists in vigorous washing, followed by maceration of the skin by means of antiseptic poultices. Founded as such a practice is on strictly scientific principles, though its value may not be easily demonstrable in figures, it must be conceded that it marks an advance on older methods, and is, at any rate, worthy of adoption until by the light of further expeiience its utility can be more fully appraised. Some surgeons cleanse the skin in addition with ether or turpentine to get rid of fatty matters (McEwen).

Before proceeding to note changes in particular operations, it will be more convenient to pass briefly in review some of the steps common to all, such as the methods for conservation of blood and arrest of hæmorrhage and the means employed for draining and closing wounds.

In the days of my dressership it was the common practice of most surgeons before amputating a limb to drive back its contained blood by means of an elastic bandage tightly applied from the distal extremity of the limb to above the site of operation. This step is of undoubted value in the case of an exsanguine patient to whom every drop of blood may be precious, or where a large portion of blood may be lost, as in amputation through the hip joint. It is also of much service in operations requiring a deliberate dissection, where it is of importance that the field shall not be obscured by blood, as in the suture of the divided ends of a nerve. But it requires to be used with discrimination and in certain cases is quite inapplicable, as where poisonous products of inflammation may be forced up the limb between the planes of muscles, and in amputation of the leg and arm in healthy subjects it is unnecessary, all that is required being to raise the limb and gently squeeze the blood back with the hand before applying the tourniquet.

Limbs treated with the bandage frequently gave trouble by free sanious oozing after the principal vessels had been secured and the tourniquet removed, perhaps due to the smaller vessels having temporarily lost their contractability owing to the squeezing, and from increased general blood pressure owing to the extra blood forced back into the systemic circulation. Possibly for this reason the bandage is less frequently used now than some years ago. I have not seen it in use at all myself lately, though doubtless it is still employed in suitable cases. It was formerly used almost always in conjunction with Esmarch's elastic tourniquet, and the combination accentuated the disadvantages referred to. Mr. Treves, in his work on operative surgery

(1892), after alluding to some of the disadvantages of the bandage, writes:—"I have long since abandoned the use of the bandage, and it appears to me "that the end aimed at so far as the saving of blood is concerned may be "more efficiently and safely attained by keeping the limb elevated for some "little time before the main vessels are compressed and the knife introduced." In the same work Esmarch's elastic tourniquet receives some damaging criticism, and the opinion of Sir Wm. McCormac anent it is quoted as follows: "In all cases its prolonged use materially increases the subsequent "bleeding from the smaller vessels in the stump, and often necessitates the "application of double or triple the number of ligatures commonly "employed."

At one time this tourniquet threatened to supersede all others. Its simplicity and portability were powerful recommendations, as was also the prestige of its originator, but at present its popularity has somewhat waned chiefly on account of the drawback already referred to, and preference is given to digital compression by a trained assistant.

To the military surgeon in a temperate climate unable to depend on always procuring skilled assistance in his operations Esmarch's remains the beau ideal of a tourniquet, but it is unsuited for general adoption in our service as the indiarubber rapidly deteriorates in hot countries, and so far as I can see we cannot improve at present on the web buckle pad now issued.

When I was at hospital the battle between silk and catgut ligatures was raging, and silk was dying hard. It may now, I think, be said to be dead, killed by chromicised gut so far as the ligature of arteries is concerned, and with it have vanished many of the terrors of secondary hæmorrhage and the long-drawn-out delay in the healing of many a stump. A statement commonly made is that prepared catgut improves both in suppleness and strength by keeping in an oil trough. This is entirely contrary to my experience, and is a point of some importance to the military surgeon who on service is, more often than not, altogether unable to supplement or exchange the supplies he has with him, and whose only safeguard lies in a rigid inspection and testing of all materials taken over on the eve of an expedition. Both in India and at home I have repeatedly found that gut which has been long in soak in oil becomes stiffened, rotten, and unfit to bear the strain required of it. Recently on having to perform an amputation I found the catgut in two bottles, which had been on charge in the hospital for two years to be in the unsatisfactory condition described, whilst a fresher issue was strong and serviceable. The best way to keep catgut is dry in hanks. In this way it deteriorates less, and soaking it for 10 minutes in a hot 1 in 20 solution of carbolic acid renders it at once pliant and antiseptic (Jacobson).

But if the substitution of catgut for silk is a great advance, a still greater stride from the military surgeon's point of view will be the perfecting of a method by which vessels may be closed without the abiding intervention of any foreign body. Such a method when perfected will have as many advantages over catgut as the latter possesses over silk, and the surgeon's necessary armamentarium will be still further simplified. Torsion at one time promised to be the desired solution, but at a time when its merits were becoming prominently recognised the catgut ligature appeared upon the scene, and proved at once so simple and reliable and so much in sympathy with the other details of the grand surgical reformation in process of inculcation by its eminent pioneer, Mr. Lister, that all competitors were driven from the field, and its position was established as the *ne plus ultra* of surgical effort for the time being in that direction. So well has the catgut ligature served that there have been few temptations for surgeons with the unlimited resources of large civil hospitals at their back to attempt to dispense with it, but circumstances are conceivable under which military surgeons may find themselves with an insufficient supply of ligatures, when torsion will once more prove to be the friend in need. Such being the case it is a pity we have not at present opportunities of seeing torsion more frequently practised, as confidence is only engendered by familiarity, and the comfortable assurance felt after securely ligaturing a vessel is lacking when an alternative, though perhaps equally efficacious procedure, has been adopted *faute de mieux*. One of my old teachers used to say, "Twist large vessels and tie small ones." An axiom which he followed in his practice, and during the few years I was able to observe his work I never saw reason to doubt the soundness of the lesson in his hands, but the obverse is now almost the universal practice. Torsion is, of course, unsuitable for vessels degenerated by atheroma, but should never be lost sight of, at any rate by the military surgeon, as a worthy alternative for ligature with sound vessels, and when attention comes once more to be directed to its efficacy, I think there is reason to predict for it a wider adoption than it at present enjoys.

With reference to drainage my observations tend to show that it is found to be less universally necessary than it was held to be in my student days. To quote Jacobson : "Where in an aseptic wound, when all hæmorrhage has "been stopped, firm and even pressure can be applied, drainage tubes can "be largely dispensed with, and primary union thus rendered more "probable."

In a case of amputation of the forearm which I had recently occasion to perform for a shell wound, the only provision I made for drainage was to leave the dependent corner of the wound unclosed by a stitch. This gave adequate exit to the free sero-sanguinous oozing following the operation, and the wound healed uninterruptedly, mostly by primary union, and from first to last without a drop of pus. In this case the conditions so tersely summed up by Jacobson in the afore quoted sentence were present, and dry antiseptic dressings (boracic wool and corrosive sublimate gauze) were attended with the happiest results.

I do not wish hereby to be understood to undervalue the importance of drainage; in most operations of any magnitude tubes are necessary, and it is always safer to err on the side of having too free than too little means of exit, even in the most aseptic of operations. All I contend is, that in certain well selected cases they may now be dispensed with where they would formerly have been considered *de rigueur*.

Greig Smith's words on ovariotomy may be applied to general surgery: "The question of drainage is a difficult one to discuss in theory. In practice "a good rule to follow is when in doubt, drain."

The various forms of drains most in use now are :—

1. The old red rubber Charsignac tubes perforated in places and cut flush with the surface of the wound. I have seen a neglect of this detail render the presence of a large drainage tube entirely nugatory; a piece of the tube left projecting from the wound being doubled over by the dressing and its lumen entirely occluded.

2. Capillary drains of horsehair carefully cleansed and carbolised. A most useful form of drain introduced by Professor Chiene, well adapted for small wounds.

3. Glass tubes as used by Dr. Keith and adopted for some cases of abdominal operations where it is feared that septic materials may have been left in the peritoneum. The increased care taken in the toilet of the peritoneum before closing an abdominal wound after such operations as ovariotomy has rendered the use of these tubes less frequent.

Decalcified bone tubes have so far as I can gather been abandoned.

The chief materials in use for sutures are, (1) silkworm gut, (2) silver wire, (3) prepared catgut, and (4) Chinese twist silk. Each has its excellences and limitations.

Silkworm gut is now largely used. It is strong, smooth, and does not absorb discharges. If well soaked in carbolised water before use it becomes sufficiently soft and pliable, and adapts itself with great precision to the wound. Being non-absorbent it can be left in almost indefinitely without causing irritation, a great desideratum in cases where support is needed for a lengthened time. It will not bear knotting, but can be firmly secured by a double twist as made in the first half of the "surgeon's knot." I have seen it thus applied bear a great strain without slipping, and this method of fastening has the additional advantage of allowing the stitch to be loosened without removal at a later stage if desirable. For this purpose the ends of the suture should not be cut too short.

Silver wire, though not so largely used as formerly, is still the favourite of many surgeons, especially in the major operations. Its great strength, non-

absorptiveness, and non-irritating character are its main recommendations. Its chief drawbacks are that occasionally undue force is required to push the threaded end of the needle through the tissues, and that the fastening of the stitch is apt to prick the skin and get entangled in the dressings. It is also painful to remove. But all these are avoidable with a little care. To avoid the first Dr. Ward Cousins advocated some years ago that silver wire should not be used with an ordinary needle, but should be prepared in strands, each with a sharpened steel end, so that needle and thread were in one. He invariably used wire so prepared in his ward at the Portsea, Portsmouth, and Gosport Hospital when I was House Surgeon there, and it was a distinct improvement on the ordinary threaded needle; but expense prevented its general adoption, and I have not seen it used elsewhere.

Catgut is admirable in small wounds, but is unsuitable for large ones, as it soon softens, and the imbedded portion is absorbed.

Plaited silk, once so popular, is now little used, as it soaks up the discharges of the wound and soon becomes irritating. If not removed early it leaves more marked scars than the forms already mentioned.

Horse hair rendered aseptic with carbolic acid is a favourite suture of mine for such operations as circumcision, and I have never had occasion to regret its use.

To pass to alterations in operative measures which have almost insensibly come about, but which cannot fail to strike the observer who has been some years absent from the schools, two main features stand prominently forward, viz.:—

1. **The greater freedom with which the knife is used in delicate operations, such as the ligature of arteries and the relief of hernia, and—**
2. **The more restrained and exact use of the same weapon in amputations, as evidenced by the almost complete abandonment of transfixion.**

These were the two main impressions produced by visits to the operating theatres of London hospitals, and they were deepened and confirmed by a reference to works recently written on operative surgery and a comparison with those of a decade ago.

The persistent aim of the surgeon to obtain primary union, rendered possible by the catgut ligature and antiseptic dressings, has been the main factor in the first change, and the prime importance of clean cut wounds is more fully insisted on.

A dozen years ago we were taught in operations for hernia and the ligature of arteries, after dividing the skin and superficial fascia to depend largely on the director for dividing deeper structures.

The accepted text book on operative surgery published as lately as 1884, continually alludes to the use of this instrument in these operations, and its illustrations picture the director *in situ*. Many instructions are given as to the best methods of using it, and it is always implied that a greater degree of safety is ensured by its employment. Thus, in alluding to the ligature of the external iliac, the author says: "With practice and a steady hand it is possible to divide all the tissues down to the peritoneum without having recourse to the director, but it is safer to use the director for the fascia transversalis."—"In using the director great care must be taken not to force it through deeper structures unaware, but by moving it horizontally to make clear its way at the intended level."—"When dividing the structures upon the director the knife should not be run up to the extremity of the groove lest the peritoneum should have folded over the end of the instrument and thus be divided." (A Course of Operative Surgery; Heath. 1884.)

Numerous other allusions in the same spirit might be quoted were it necessary, but the above will be sufficient to illustrate the teaching and practice then in vogue.

In contrast a few quotations from the latest work on the same subject will be instructive as indicating the more modern teaching.

In Treves' Manual of Operative Surgery (edition 1891), after some remarks strongly animadverting on the use of the director, the author writes as follows: "The art of operative surgery would benefit greatly if the director were to be entirely banished from the list of surgical instruments."—"A surgeon who cannot cut down upon an artery or expose a hernial sac or a subcutaneous

" cyst, or who cannot reach the transversalis fascia in the loin without the " use of a director had better abandon operating. The liberal employment of " a director is a demonstration of inefficiency and the long list of special " directors is not creditable to surgical progress.

"In exposing a deep part such as the sac of a hernia, the whole process " should be effected by clean incisions. The knife should follow the same " precise line and be carried from one end of the wound to the other."

Again, on page 105, Vol. I., speaking of the ligature of arteries in general: " After the surface cut has been made the next step is to divide the deep " fascia or aponeurosis. This is done by a clean cut made in the line of the " original incision and carried the whole length of the wound.

" A director is not required either at this or any other stage of the opera- " tion. In the ligature of arteries the director should be avoided as an " unnecessary and dangerous weapon."

Page 202, Vol. I., referring to the ligature of the external iliac: " Any form " of director is unnecessary and dangerous."

These are dicta culled from a book perhaps the most largely read of all on its subject by senior students and surgeons preparing for the higher examination. They are reflected in the practice of its author, one of the most accomplished operators and teachers of the day, and as I found on recently passing through a course of operative surgery they are inculcated by the teachers in the schools, and are thus evidently accepted by the examining bodies. They constitute a sufficiently wide divergence from the teaching of 10 years ago to be deserving of careful consideration.

Without being accepted in their entirety I think they may be acknowledged to establish the correctness of the first general proposition with regard to the present use of the knife in delicate operations I have attempted to define above.

The introduction of anæsthetics, by allowing greater deliberation in the procedure of operating surgeons, heralded a revolution in operative methods, the full force of which is only now being felt. Before their advent the dexterity of a surgeon was gauged by the rapidity with which he could "lop off" a limb or "whip out" a stone. Speed was the governing factor.

The contemporary generation of surgeons cannot be blamed for not fully grasping the significance of the change which dawned with anæsthetics. They adhered to procedure which had served them well, and bequeathed their slashing methods to their immediate successors. Teachings hallowed by long traditions and enforced with all the authority of acknowledged masters are not lightly cast aside, and "brilliant" surgery lingered on some decades. Very gradually modifications were introduced and the glamour of the rapid operation paled before the increased comfort, safety, and precision of the more deliberate methods.

For long now the whole tendency has been towards cautious, accurate, and deliberate procedure, but I think the progress in this direction has been more rapid and marked in the last decade than in the preceding two. It is strikingly emphasised in the prevailing operations for the amputation of limbs.

Though in my student days the brilliant operation had long since been discredited, its influence could still be traced, like the ripple on the water long after the stone has sunk.

Amongst amputations the method by transfixion flaps was still held in high esteem, and we were rarely without examples in the wards. It is now much more rarely employed.

It will be once more instructive to compare the teaching on this point of the recognised text book published in 1884, with one of present date.

In Heath's " Operative Surgery," revised and published in 1884, in speaking generally of amputation, the author says (page 86): " In order to obviate " the numerous objections to large fleshy flaps, skin flaps with a circular " division of the muscles have been introduced and are applicable to most " parts of the limbs," but to show the hold which transfixion operations still possessed on the practice of the day, the large share given to their description in the letterpress and plates is eloquent. Amputation by double transfixion is figured and lengthily described in the forearm, arm, leg and thigh, also at the shoulder and hip-joints, and if my recollection is to be relied on the majority of amputations were performed by this method in my student days.

On page 103, speaking of amputation of the forearm, the operator is cautioned that he "should be quite clear as to the position of the bones of the
" forearm, lest he pass the knife between them."

On page 145, "The flap amputation in the upper arm is most conveniently
" done by double transfixion," and that operation is then described.

On page 109, amputation at the shoulder-joint: "The flap method may be
" performed either by transfixion or by cutting from without inwards," but the former method is the one described.

Transfixion operations are then described in the leg and thigh and are the only ones figured in the latter.

In speaking of amputation at the hip-joint, only the operation by long anterior and short posterior flaps is given, and the method described is that of transfixion.

The following quotations from Treves' "Manual of Operative Surgery" show forcibly how far the pendulum has swung in the opposite direction in present teaching.

After some general remarks on flap operation the author says:—

"As to the cutting of flaps themselves, the methods by cutting from
" without in and by dissection are beyond doubt the best. Flaps so fashioned
" can be formed with great precision. The proportion of contained tissue can
" be determined with accuracy, and the exact relations between the amount of
" skin and of muscle covering the bone can be regulated with ease. Main
" vessels need never be slit up, and indeed under many conditions these
" structures may be exposed and secured before division. By these methods
" also the smallest possible section of muscles can be accomplished." . . .
" The cutting of a large flap by transfixion alone in such a way that the
" knife divides both muscles and integuments at one sweep is to be strongly
" condemned . . .

"The following objections are to be urged against the transfixion method:
" The surgeon has little control over the large knife he must employ. The
" flaps cannot be cut with precision nor can their thickness be accurately
" gauged. The skin is divided together with the superficial layer of muscular
" tissue. The muscles themselves are cut obliquely. The main vessels may
" be transfixed or may be cut unduly short or may be sliced up. Much tissue
" at the bases of the flaps escapes division and requires to be cut before the
" bone can be cleared for sawing. The method belongs to the past." . . .

The book bristles with remarks in the same spirit applied to particular operations. Thus referring to amputation of the thigh, page 522, Vol. I.: "Am-
" putation by transfixion has been already discussed and the advantages and
" disadvantages presented by the operation are conspicuously evident in this
" part of the body."

Again adverting to amputation at the hip-joint by antero-posterior flaps cut by transfixion (the only operation described at that site in Heath's book) the following remarks occur:—

"This operation has the great advantage of great rapidity of execution.
" Before the days of chloroform this was an advantage of primest value. In
" many instances at the present time, especially in cases of amputation for
" injury, rapidity of execution is of very considerable importance. It must
" be considered to what extent this single great advantage can overbalance
" the following grave disadvantages:—

"(*a.*) A tourniquet can only with difficulty be applied. (*b.*) The flaps
" cannot be very accurately cut. (*c.*) The muscles are divided obliquely and
" the wound surface is very considerable. (*d.*) The soft parts are divided
" high up and consequently there should be greater shock. (*e.*) The branches
" of the gluteal and sciatic arteries are so freely cut that copious hæmorrhage
" from the posterior flap is common. (*f.*) The stump does not provide a
" very excellent covering for the ischium. The cicatrix is exposed to pres-
" sure; the wound is carried very near to the anus, and efficient drainage is
" not provided unless drainage tubes are employed. The operation has
" advantages in military surgery and in some cases of accident, but is scarcely
" applicable to disarticulation for disease."

In another place the author says: "In these various operations (for amputation at the hip joint) those by the racket method may be considered the best. "Of the two methods involved, that which employs the anterior incision "appears to me the most useful. With no other form of disarticulation at "the hip joint have I experienced such good results as with this method."

Two more quotations will serve to show in what esteem an operation, once the glory of surgery, is now held.

P. 283: "For an amputation at the hip joint in Fergusson's time a knife with a cutting edge of from 12 to 14 inches was employed. At the present day that operation is commonly effected with a knife no larger than the instrument used for excising a breast."

"In performing an amputation at the hip joint by antero-posterior flaps cut by transfixion the point of the knife has been thrust into the femur and broken against the bone, and has found its way into the thyroid foramen into the scrotum and into the thigh of the opposite side."

I do not think I need further elaborate my second point. If I have quoted freely it is only to bring into greater relief a reform which has come about so quietly as in many places to have escaped the recognition which its importance demands. From personal observation I do not gather that the transfixion flap operation is so fully discarded as the writer seems to desire and imply; but as compared with the practice 12 years ago flaps are very much more frequently fashioned by cutting from without inwards, and in the great majority of cases in which transfixion is now employed it is confined to the section of muscles, a skin flap having been previously cut with precision and reflected.

Whilst on the subject of amputations two operations must be mentioned which have of late years earned a high place in the favour of English surgeons, viz.:—

(1.) Farabreuf's amputation of the leg at the site of election by means of a long external flap, and

(2.) Stephen Smith's disarticulation at the knee joint by lateral hooded flaps.

Of the former I was fortunate enough to see three examples in the wards of a London hospital. So little was it in vogue a dozen years ago that it is not mentioned in a standard text book of that date. Now it would, perhaps, not be too much to say that it is the favourite operation at this site, and for the following excellent reasons. The flap forms a good thick and ample covering for the bones, the anterior tibial artery runs the whole length of the flap providing an abundant blood supply, the cicatrix being on the inner side of the limb is removed from direct pressure, and the stump itself is of sufficient length to permit of an apparatus being worn, which allows of the use of the knee joint.

No other operation at this level combines so many advantages. Those examples which I was privileged to see appeared to be admirable in their results, and impressed me much with the many advantages of the operation.

The second operation mentioned (Stephen Smith's) enjoys now a wide and well-earned popularity. Originally described in 1870 by Stephen Smith, an American surgeon, it was early adopted in this country by Mr. Bryant, who quickly recognised its many good points, but it was rarely practised during my student days. I do not remember having seen it once performed. The methods in vogue were disarticulation by means of a long anterior flap generally enucleating the patella, which further weakened an already thin and poorly-fed flap, or the various amputations through the femoral condyles: Carden's, Lister's, Gritti's, or Stoke's modification of the last. Lister's and Stoke's are probably still the best operations where the bones of the knee joint are diseased, but given a healthy condition of these bones it is difficult to conceive a more admirable operation than Stephen Smith's. It has been my good fortune to see six examples of this operation since returning home last year, and its excellences have been manifest in each. The long anterior poorly-nourished flap of the older operation is done away with and the danger of sloughing proportionately lessened, the lower end of the femur is amply covered; the wound is on the back aspect of the limb in the most advantageous position for drainage, the patella remains to preserve the shape of the stump and to act as a *point d'appui* for the extensors, thus lessening retraction, and the semi-lunar cartilages form a moveable cushion, playing over the end of the femur and increasing its ability to bear direct pressure. As the stump consolidates the scar is drawn up behind and sinks into the notch between the two femoral condyles, and is thus itself preserved from pressure or friction.

Judging from a performance of this operation on the dead subject it does not appear difficult of execution.

Both of these operations are bound from their inherent merits to obtain a wide recognition amongst military surgeons as occasion offers.

They are both instances of the increasingly cosmopolitan character of British surgery, a characteristic which cannot fail to strike the observer who has been some years absent from the schools. Whereas formerly teachers were wont chiefly to rely on the practice and dicta of British masters in the art of surgery of a preceding generation, they now scan a wider field, and the practice of continental and transatlantic surgeons is vigilantly watched, and their methods obtain a much more ready trial and acceptance. In this manner much of the individuality of the old British school of surgery has been lost, but the gain in efficiency has been more than commensurate, and the change is not one to cause regret.

In joint operation my field was limited, but the impression gained from what I saw and heard is, that arthrectomy with vigorous scraping away of all diseased tissues has gained popularity at the expense of the more classical excisions. I cannot pretend to say whether such change is of a wide or permanent nature, and am inclined to think that it only portends a nicer discrimination in classifying cases for treatment. Excisions are still held in high esteem, and are much practised, but their field of application has been, I think, narrowed by the operation above mentioned.

It would extend this paper to an inordinate length to do more than glance at other modifications or development of operations. Intestinal surgery has within the last decade and a half received an enormous impetus, and operations which, 15 years ago, were looked upon as mere *tours de force*, are now rarely absent from the weekly lists at our metropolitan hospitals.

Resections of portions of the bowel and intestinal anastomosis, though not common, can no longer be said to be rare whilst removal of the vermiform appendix for recurrent appendicitis is of such frequent occurrence that I was able to see two examples in the theatre of the hospital whilst going through my course of operative surgery. Performed in the intervals of health between the attacks, this operation is attended with much success, and has been found of attested value in combating a condition always of serious import and often attended with grave danger to life.

A noteworthy feature is the growing tendency to attack the abdominal contents more frequently through the front abdominal wall, and to brave the danger formerly so much dreaded of opening the peritoneal cavity.

Thus colotomy, formerly almost invariably performed through the loin, is now in many more instances carried out through an anterior incision. The same may be said of nephrectomy.

This method of proceeding, without doubt, renders the actual performance of these operations easier, and gives a shallower wound, and more room for exploration in the latter operation. It remains to be proved whether the damage done to the peritoneum does not outweigh these advantages.

The same tendency to frontal attack is seen in the revival of suprapubic lithotomy, which, together with the general adoption of litholapaxy, has rendered the formerly common lateral operation a comparative rarity.

In the treatment of hernia radical operations are much more *en évidence* than of yore, and the simpler methods of Mitchell, Banks, and Barker have practically banished the little practised and complicated procedures of Wood and Wützer.

Perhaps the most notable advance in chest surgery has been the general adoption of Esthlander's operation in old-standing cases of empyema. It may, I think, be said with truth that these cases were at one time among the most intractable to deal with. Few who have had much hospital experience can fail to have recollections of the obstinacy with which these cases resisted the operative measures in vogue rather more than a decade ago. I cannot recall a time, as clinical clerk, house-physician, and subsequently resident at provincial hospitals, when I had not one or more of these cases on hand, dragging out its tedious course, whilst we patiently waited for the cavity to fill and the chest wall to fall in. Free resection of the ribs on Esthlander's plan, as practised by Mr. Pearce Gould and Mr. Godlee in the earlier days, has provided us with a means of meeting the curative process half-way and of materially lessening the duration of these previously long-drawn-out cases. The operation has proved of marked value, and is now widely practised.

I will not touch on the enormous revolution in brain surgery, which in its present state is practically a creation of the last decade as I have not had the opportunity of seeing any of the present operations carried out on the living subject.

In bringing these remarks to a close, I am conscious that much of what I have written must appear trite and commonplace to those who have been in continual touch with the schools, but it is otherwise with us who at a far distance hear but the faint echoes of the lecture theatre and operating room. Changes which to them come about gradually, and almost insensibly, burst upon us on our return with a sense of novelty.

I have attempted to write of nothing but what I have seen, and must plead in extenuation of the fragmentary character of my remarks the limited opportunities which the exigencies of the service have allowed me of extending my observations.

APPENDIX No. IX.

SELECTED CASES TREATED AT THE ROYAL ARSENAL, WOOLWICH.

I.—Case of Contusion followed by Necrosis of Left Tibia.

(With Temperature Chart.)

By Brigade-Surgeon-Lieutenant-Colonel J. M. Beamish, M.D., Army Medical Staff.

J. D——, aged 41 years, employed in the Naval Ordnance Department, sustained a contused and lacerated wound of the left leg on December 19th, 1893, through a buffer accident. There was much laceration of the subcutaneous vessels over the anterior surface of the tibia, corresponding to a large external wound, 6 inches long, in the axis of the limb, with separation of the skin from subjacent parts. The wound was well washed with perchloride of mercury lotion (1 in 2,000), closed with interrupted sutures, and the limb securely fixed on a posterior splint. The wound was examined at intervals, and progress was favourable till January 6th, 1894, when dusky redness appeared at the seat of injury, extending to the knee and ankle, and attended with œdema, pitting on pressure, and a rise of temperature to 103·4, on the evening of January 12th. On January 13th a large abscess, overlying the inner border of the tibia, was opened, the limb placed in a warm bath, and wrapped in a charcoal poultice. Smaller abscesses were evacuated on January 14th and 22nd, the latter near the inner ankle, carbolic (1 in 40) and boracic (1 in 30) acid dressings being successively applied.

On March 7th with subsidence of febrile symptoms, the openings over the tibia and inner ankle showed a thin and less purulent discharge, with a tendency to close.

On March 19th there was increased purulent discharge from the opening over the tibia, due to superficial necrosis. On March 27th a large secondary abscess was evacuated at the upper and inner aspect of the left thigh, and the cavity well washed out with antiseptic lotion and drained. An improvement in the local symptoms followed till April 24th, when evidence of diseased bone in the tibia necessitated operation. Two partially closed openings about the middle of the bone were connected by a longitudinal incision, 3 inches long (under ether, which was well borne), and a carious cavity was thus reached, which was well scraped by a Volkmann's scoop. A counter-opening was at the same time made on the posterior aspect of the thigh, into which a drainage tube was inserted, and subsequently brought into communication with the former incision, at the upper part of Hunter's Canal. A second counter-opening became necessary behind the great trochanter, for the evacuation of an extensive abscess in the gluteal region on May 8th. The patient had meanwhile become very weak and much emaciated with a temperature, however, but little above normal, as a rule. Notwithstanding this condition, and prolonged dorsal decubitus, at no time were bed-sores apparent.

By August 25th a marked improvement had taken place in the patient's condition, under tonic treatment and free drainage of abscesses. The carious cavity in the tibia had filled up, and was undergoing rapid contraction.

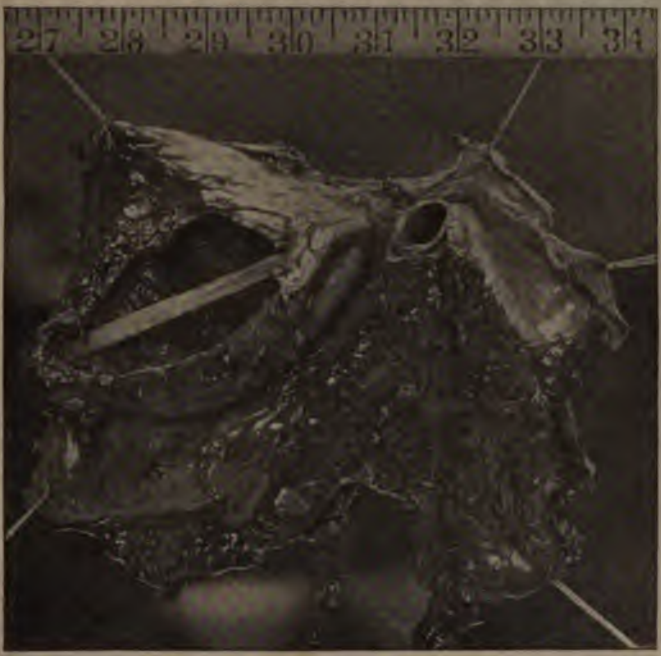


Fig. 1

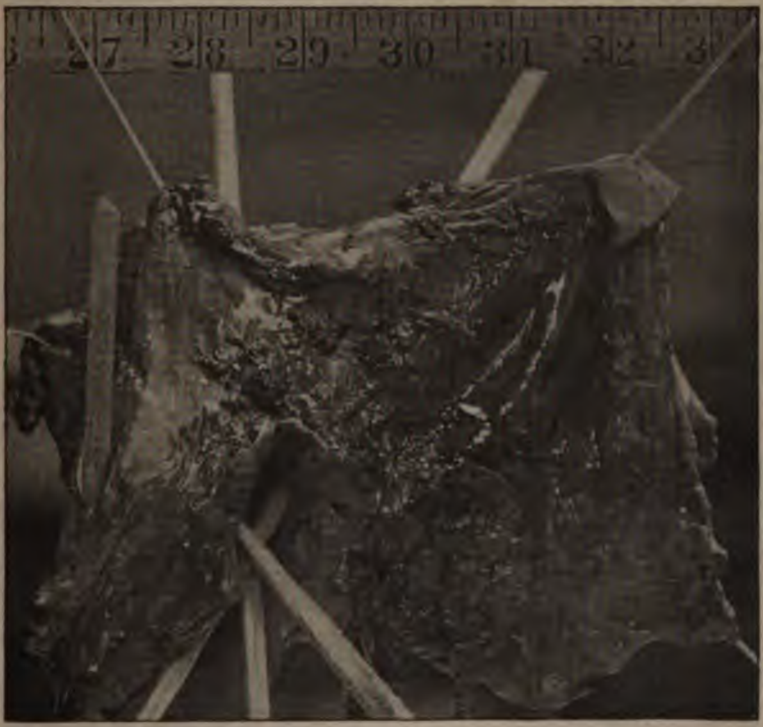
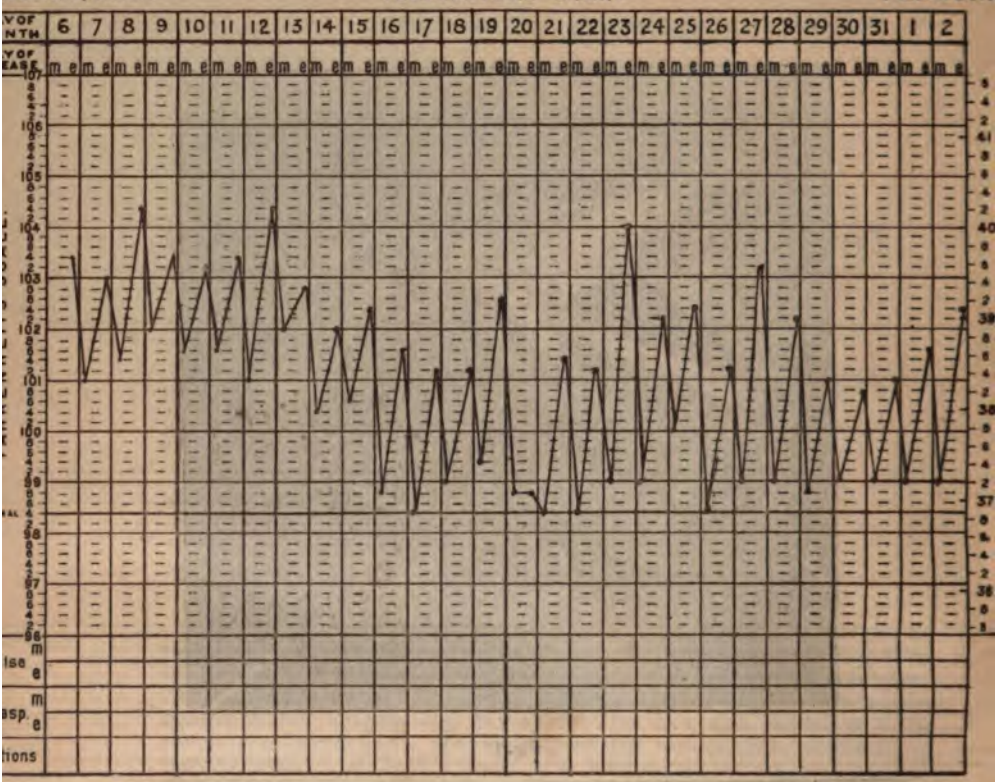
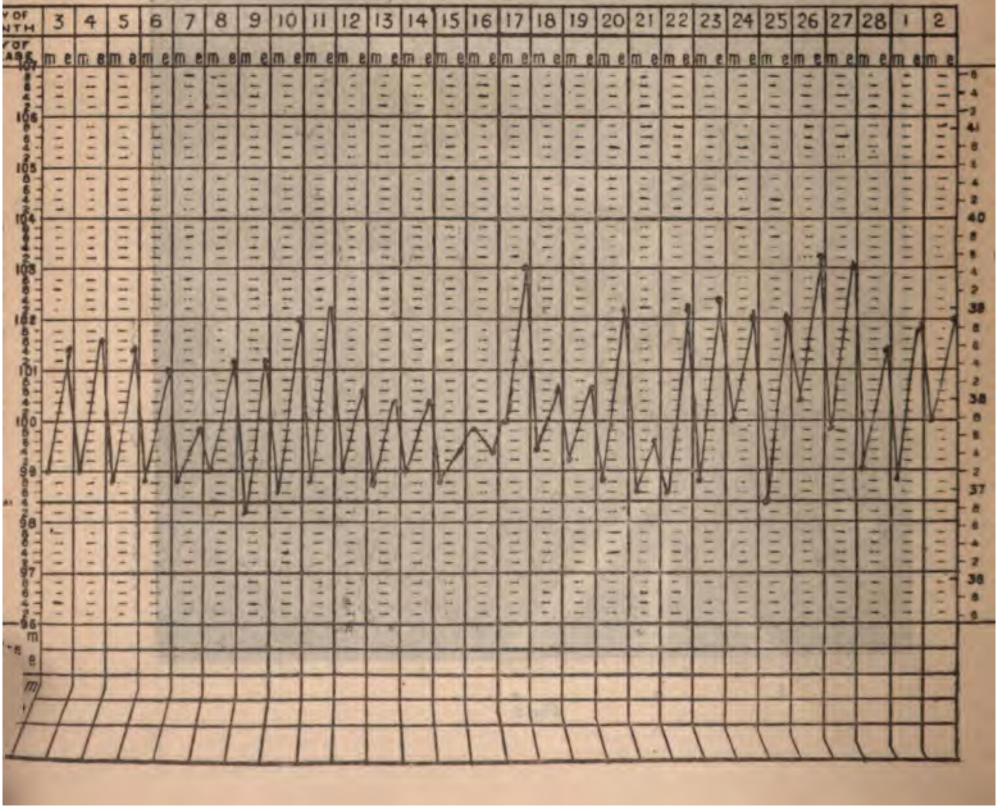


Fig. 2.

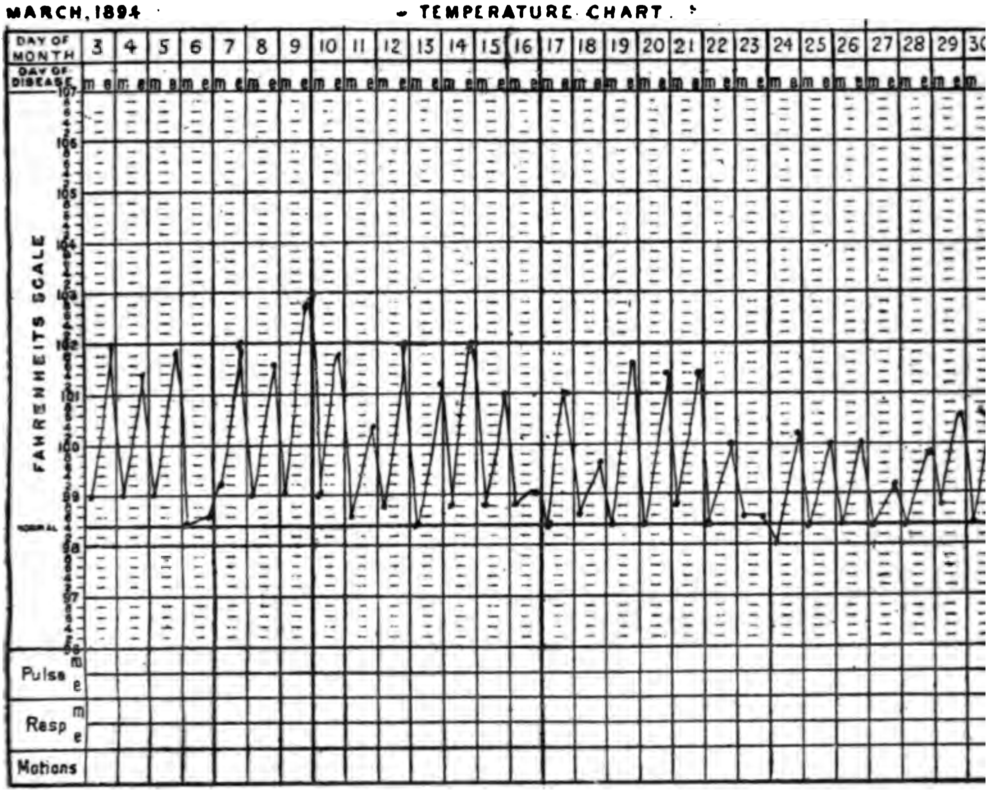
NUARY, 1894. TEMPERATURE CHART FEBRUAR



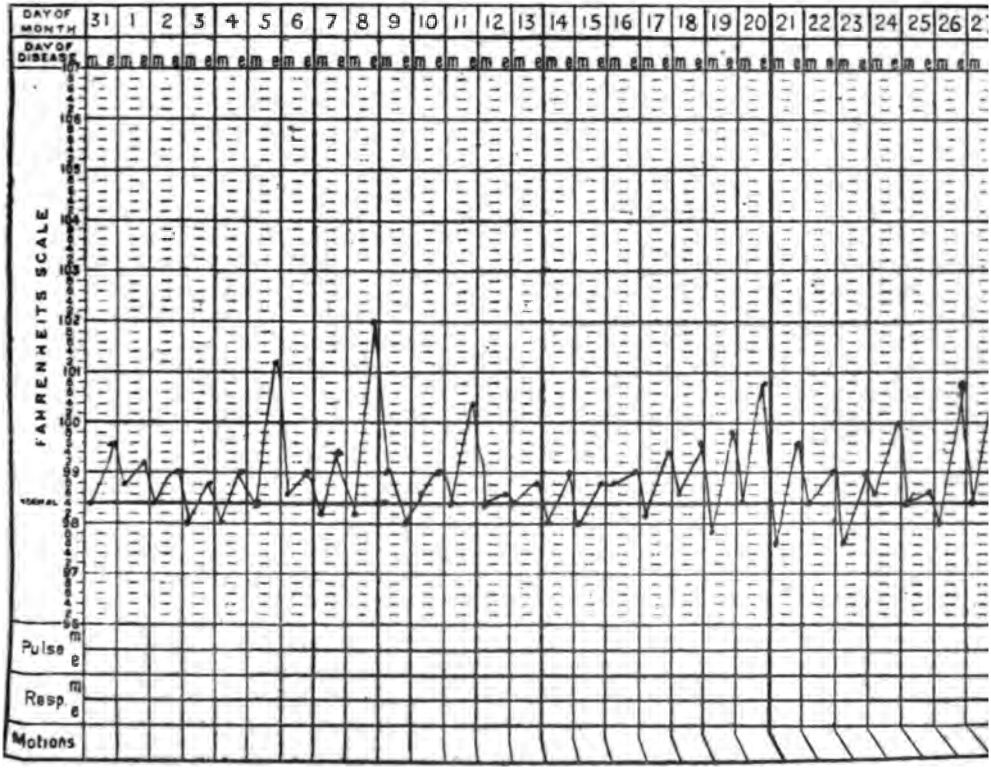
BRUARY 1894. TEMPERATURE CHART MARCH



MARCH, 1894. TEMPERATURE CHART.



MARCH & APRIL, 1894. TEMPERATURE CHART.



His progress henceforth, though slow, was uninterrupted till he was discharged from hospital on November 3rd, 1894. He now walks a couple of miles without difficulty, but has not yet (January 25th, 1895) returned to duty.

II.—A Case of Abdominal Aneurysm with two Sacs, simulating Disease of the Kidney, and bursting into the Left Lung.

(*With Two Plates.*)

By Surgeon-Major R. J. S. Simpson, M.B., Army Medical Staff.

H. P——, age 35. Died suddenly on 18th October 1894 from profuse hæmorrhage from the lungs.

Before 1894 the only illnesses recorded are febricula and dyspepsia. From 31st July 1894 to 9th September 1894 he was under treatment for what was believed to be renal colic. The symptoms were severe paroxysmal pain in the left lumbar region, shooting downwards to the groin, with retraction of the left testicle. The urine was scanty and highly acid, with urates in abundance, but no albumen. In spite of repeated examinations to ascertain if there were any enlargement of the kidney, no tumour was detected, nor was there any evidence of a pulmonary lesion. On August 27th he was able to be out, and returned to duty on September 10th. He continued at work, and was said to have been perfectly well till on the evening of 17th October 1894, when, going home from work, he tripped and threw himself backwards, in a violent effort to regain his balance. On the following morning, while at work, hæmorrhage came on suddenly; he died on the way to hospital.

At the post-mortem examination, 39 hours after death, the following were the conditions. The base of the left lung was firmly adherent to the diaphragm. On tearing it away, the rounded end of an organised clot projected through an opening in the diaphragm. The visceral pleura over the base of the lung was thickened; it was undermined, hanging free over the cavity in the lung for about half an inch all round. The cavity in the lung was, roughly, two thirds of a sphere, about 1½ inch in diameter, and somewhat branched, but this branching, like the overhanging of the pleura, was probably partly post-mortem. The lung was engorged with blood, but floated in water; the diaphragm was thinned down to the edges of the opening.

The peritoneal coats of the stomach and spleen were closely applied to one another, obliterating the normal sulcus, but could be separated without tearing; numerous small veins passed between the two layers. The heart was of normal size, both sides were contracted.

An aneurysm arose from the left side of the aorta between the pillars of the diaphragm; it lay behind the stomach and spleen and occupied the whole of the left side of the diaphragm, being covered in front and behind with a layer derived from it. The capsule of the left kidney was so blended with the anterior covering layer that the organ could only be removed by shelling it out of the capsule. The kidney was healthy.

The accompanying illustrations, reproduced from photographs by myself, show the general appearance and relations of the sac. Fig. 1 is looking from above, downwards and forwards, it shows the opening into the pleura, which has been somewhat widened since removal of the specimen, but shows distinctly the thinned edge of the sac. Fig. 2 is from below, looking slightly backwards. Here the aorta has been slit up for a short distance to expose the opening into the sac. In the figure *a* passes through the aorta, *b* through the main sac, while *c* is inserted in the secondary sac. The main sac opens from the left side of the aorta by an oval aperture about 1 inch in its long diameter, which is vertical; the centre of this opening is about 1 inch below the upper surface of the diaphragm. The sac extends well to the left, its dimensions are about 4×2 inches, the bottom is slightly below the level of the lower edge of the opening into the aorta. The second sac opens from the right side of the aorta by a circular orifice about ¾-inch in diameter, slightly lower than the first opening. The sac passes upwards along the aorta, and behind the vena cava it is large enough to hold a walnut. In front of this opening is a depressed area in the aortic wall, about 1-inch in diameter, the first stage of a third sac.

In the aorta, especially above the valves, were numerous patches irregularly oval or circular, elevated above the surface of the intima. In the fresh state these were slightly corrugated. Microscopic examination showed these to be atheromatous in the fatty stage. Dr. Hebb, pathologist to Westminster Hospital, kindly examined sections of these patches; he considers that they show extremely well the condition described by him in a paper on chronic aortitis, in the Westminster Hospital Reports, Vol. II., from which the following is an extract:—"Wherever there is atheroma of the aorta this condi-
" tion is preceded by a production of vessels which ramify with especial
" luxuriance in the media, although in the intima a few may sometimes be
" observed; that these blood vessels tend to pass more or less directly in-
" wards from the outer coat towards the inner, and that they are usually
" surrounded by small indifferent inflammation cells, that their presence (and
" the results thereof) produce more or less distortion of the medial laminæ;
" that the areas of fatty and calcareous degeneration are the distinct result of
" the presence of these vessels and their satellites. For not only must the
" twisting of the laminæ alter the nutrition of the media, but it must upset
" the drainage equilibrium altogether. The distortion is aided by the
" presence of the indifferent cells, which act as foreign bodies, clogging up
" the channels of circulation."

Of the distinguishing features of this aneurysm, its site, mode of development and termination, the simulation of renal disease, and the presence of a secondary sac, no one can, of itself, be regarded as infrequent, but their combination in one individual is unusual and interesting. Taking only these cases indexed in the catalogue of the library of the Surgeon-General's Office, U.S.A., four cases are recorded of aneurysm between or beneath the pillars of the diaphragm independent of the cœliac axis; 11 cases of abdominal aneurysm bursting into the pleura or lung; 14 of aneurysm of various parts of the aorta having more than one sac, one case of aneurysm simulating disease of the kidney. A specimen was shown before the Royal Academy of Medicine of Ireland, on May 17th, 1895, by Mr. H. Gray Croly and Mr. Graves, where pain in the region of the left kidney was the only symptom during life, while, post mortem, there was a large sac with erosion of the vertebræ. Death in this case also was from rupture through the diaphragm into the left thorax.

In this case the clot in the main sac was thick enough to prevent any pulsation being transmitted outwards. It probably became detached when he tripped, causing increased pressure on the thin wall of the sac with ultimate rupture. There was no clot in the secondary sac.

III.—CONTUSION OF LEFT EYE CAUSING HÆMORRHAGE INTO ANTERIOR CHAMBER AND VITREOUS AND PARTIAL DISLOCATION OF THE LENS.

By Surgeon-Captain S. G. ALLEN, Army Medical Staff.

John W——, æt. 39, was admitted into Royal Arsenal Hospital 13th June 1894 on account of an injury to the left eye, produced by a blow from an iron pin (4″×¾″), which flew up and struck him on the lower lid.

Condition on Admission.—Eyelids closed. On raising them there was seen to be considerable contusion and swelling of conjunctiva. The cornea was hazy, and the pupil somewhat irregular, but not tremulous on movement of the eye.

Perception of light was present, but fingers held in front of the eye could not be counted.

No reflex could be obtained from fundus. On focal illumination a brightly refractive body was seen situated behind iris at the inner and lower quadrant of cornea; this was believed to be the lens partially dislocated by the blow. The anterior chamber contained blood, and there was evidently also hæmorrhage into the vitreous. He complained of a good deal of pain around orbit.

Treatment.—Water dressings were applied to lids and leeches (iii) placed over left temple.

Next day the effusion of blood into the anterior chamber was more marked, and the iris was obscured by it. He had no longer any pain.

As there was no indication for operative interference he was kept in hospital under observation, and an expectant line of treatment adopted. The contused lids being treated by moist dressings, and the eyes protected from light and kept completely at rest.

By the 25th June 1894 some of the blood in the anterior chamber had become absorbed so that the upper third of the iris was no longer obscured; there was, however, no improvement in the vision.

He was kept in hospital for several weeks until the blood in the anterior chamber was completely absorbed, and the partially dislocated lens was once more clearly visible.

Before he left hospital slight light reflex was obtainable on both direct and indirect examination, but still the vision remained reduced to mere perception of light. Linear and horizontal streaks of opacity were noted as having made their appearance in the lens capsule, and there was seen to be a small anterior synechia at the outer side of iris. It was discovered also that he had Hm:=1 D. in the sound eye. A correcting glass was ordered.

Later Note on Progress of Case—January 1895.

A considerable amount of improvement has taken place in this man's power of vision as regards the injured eye, as he can now count fingers and name simple objects when held in front of it. On examination the iris is seen to be sluggish, and dilates fairly well under atropine except at the outer side where the adhesion exists. The centre of the pupil is occupied by a greyish-looking haze. On ophthalmoscopic examination the fundus reflex is perceptible, but no vessels or other details can be made out. There is evidently commencing cataract, as shown by the haze and the presence of streaky opacities in the lens capsule. The situation of the dislocated portion of the lens cannot be so clearly made out as formerly, but is still to be seen.

Note.—It is quite likely that his vision may begin to deteriorate again as the opacity of the injured lens increases (as it probably will), in which case it will require removal. Such an operation should give a satisfactory result as there is no reason to suppose that the deeper parts of the eye have met with any serious injury.

APPENDIX No. X.

NOTES OF A CASE OF CUT THROAT SUCCESSFULLY TREATED BY TRACHEOTOMY.

By Surgeon-Lieutenant T. H. J. C. GOODWIN, Army Medical Staff.

Case of Private J. T——, 4th Battalion Durham Light Infantry (Militia).

Nov. 29th.—Patient was admitted to Newcastle Station Hospital about 12 noon to-day, in an unconscious condition, suffering from a severe wound of the throat.

History.—While at drill on the barrack square the patient fell out and asked to be allowed to go to the latrine. Permission being granted, he left the square. About 5 minutes later the parade was dismissed, and some of the men on going to the urinal found Private T—— lying against the wall of the latrine with his throat cut, an open razor, stained with blood, being by his side. A stretcher was immediately procured, and the patient was carried to the hospital.

Condition on Admission.—Patient was unconscious, pulse very feeble, breathing slow, face pale, lips blue. A wound about five inches in length extended across the upper part of the throat; this wound was gaping, and in its depths on the left side the external carotid could be seen pulsating. The wound was very deep where it crossed the larynx, and this organ was opened by it to a considerable extent, an aperture about one inch in diameter exposing the interior of the larynx, and into this aperture a considerable quantity of blood was oozing. Whenever the patient coughed a quantity of blood and air issued from it. Some veins and two small arteries were divided.

Treatment.—A pair of bull-dog forceps was immediately snapped on to each bleeding vessel; by this means a considerable quantity of hæmorrhage was arrested, but there was still a great deal of oozing from the deeper parts of the wound, and as this could not be arrested except by pressure, and as the blood was flowing into the larynx and causing suffocation, the immediate performance of tracheotomy was deemed necessary.

I therefore performed tracheotomy as speedily as possible, and as soon as the tube was inserted and tied, I plugged the upper wound with sponges. The relief afforded was immediate, the patient now breathing freely through the tube, and the colour of his face improved at once.

The upper three rings of the trachea were divided in the operation.

The original wound was now attended to, the different vessels were ligatured, and, by means of this and pressure, all hæmorrhage was arrested.

The edges of the divided larynx were then brought together and held in position by means of a carbolised silk suture; the wound had severed the thyroid cartilage in its upper part, and extended upwards and backwards.

The wound in the skin and superficial tissues was now closed with several sutures and an antiseptic dressing applied. The patient was placed in bed, with a couple of pillows beneath his head, which was kept flexed forwards on his chest by means of tapes running from a nightcap to a band round the chest.

Patient was now breathing easily, and the pulse good.

About 5 hours later the patient was doing well; a mixture of brandy and egg was given, and some beef tea. He could swallow with but little difficulty.

Two special orderlies attended him during the night, with instructions to keep the tube clear.

Nov. 30th.—Condition very satisfactory, patient passed a good night, and takes nourishment well.

About 11 a.m. I removed the tracheotomy tube, and brought the edges of the trachea wound into apposition.

Patient breathes easily by mouth and larynx. Antiseptic dressings applied to both wounds.

Dec. 2nd.—Patient doing well. Air still issues through the tracheotomy wound, which is, however, granulating up. Slight amount of healthy discharge. Sutures removed from upper wound.

Dec. 4th.—The upper wound has opened at one spot on the right side, and through this air issues as the patient breathes. I was in hopes that this wound would have closed by first intention, but unfortunately it has not done so.

I am dressing both wounds with boracic powder, wool, and bandage, after washing them with perchloride of mercury lotion 1 in 1,000.

Patient is unable to speak above a whisper.

Dec. 8th.—Patient is doing excellently, both wounds are granulating healthily; no air issues from either of them. Voice improving.

Dec. 13th.—Voice has now quite returned, the wounds have almost healed. No pain or tenderness in throat.

Dec. 27th.—Patient has now recovered.

APPENDIX No. XI.

A CASE OF CYSTIC DISEASE OF KIDNEYS.

By Surgeon-Captain A. E. TATE, Army Medical Staff.

Quarter-Master Sergeant W. W——, 1st Battalion Royal West Kent Regiment, was admitted to No. I. Section Hospital, Meerut, on the 28th November 1894 at 6 a.m. His medical history sheet gave the following particulars;—Age, 34 years; total service, 13 years; service in India, $2\frac{10}{12}$ years.

During his total service he had had only one previous admission, viz., for "febricula," 10 years ago. He had always been a temperate and active man, fond of games, especially cricket. He was a married man without any children, though married some time.

He had only returned a few weeks before from England, where he had been spending six months' furlough. A fortnight previously he had begun to complain of general malaise, and he quickly lost all spirit and appetite. He also occasionally vomited, and frequently complained of feeling dazed, and as if he had taken too much to drink. He was employed as orderly-room sergeant, and among the officers with whom he was brought in contact he produced the impression that he had taken to drink, though such was not the case.

He never complained of any pain in the back, nor did he ever refer any complaints to the genito-urinary systems.

His wife said that he felt very ill all the night previous to his admission. Becoming much worse he was brought to hospital in the early morning.

On admission to hospital he was suffering from a convulsive seizure of an epileptiform nature. This passed away in a few minutes, and left him in the following condition: very drowsy, with a peculiar laboured respiration, about 20 to the minute; pupils equal and small. He could easily be roused, and answered questions fairly well, though his speech was rather indistinct. He complained of no pain or discomfort, except dryness of throat and tongue. His face wore a vacant expression, and his lower lip seemed slightly dropped. There was no paralysis of face, tongue, or limbs, and no dropsy. He lay drowsy and breathing as described all day. Between 12 noon and 1 p.m. he had another seizure, which lasted between three and five minutes, and during this the breathing became very stertorous. From that time till the next day, the 29th November, he remained much the same, except that the breathing became worse, and attended with much rattling in the throat and chest.

He had retention of urine, but no suppression, several pints being drawn off with the catheter. Unfortunately no examination of the urine was made. There was no uræmic smell about patient. The breathing got gradually worse, and he died at 4 p.m. on the 29th November 1894, 34 hours after admission.

Post-mortem appearances 17 hours after death:—

The right lung weighed 42 oz., the left lung 30 oz. Both were very œdematous, and on section a quantity of red frothy fluid escaped.

The heart weighed 12½ oz.; it was slightly hypertrophied, but was otherwise normal.

The liver and spleen and intestines were all healthy.

The kidneys were both enormously enlarged, and lay in unusual positions. The right weighed 2 lbs. 6 oz., and was situated just beneath the liver. In situ it looked like an enormously dilated ascending colon. The left weighed 2 lbs., and lay in the hypogastric region, immediately over the bladder. Both organs were a mass of cysts, varying in size from a cricket ball to a marble, lodged in an abundant matrix of connective tissue. Very little renal tissue proper appeared to remain. The cysts were distinct, did not seem to open into the pelvis, and contained a reddish fluid.

The ureters and bladder were healthy, and no obstruction to the former could be made out. The brain and medulla were carefully examined, but no hæmorrhage or degeneration of any kind could be made out. A slight excess of cerebro-spinal fluid.

Remarks.—Cystic disease, or conglomerate transformation, of the kidneys, is described by all the text-books as a very rare affection, and this case has on that account been thought worthy of special record.

It accords with the descriptions given in the following particulars:—In the sex of patient, which is generally male; in the fact that both organs were affected; and in the absence of dropsy.

The man's recorded age is younger than that of most subjects of this disease, but I have reason to believe that 34 was his "army age," and that his real age was 39.

It might have been expected that such large kidneys would have caused external tumours to be felt. That such was not the case may perhaps be explained by the abnormal positions the organs had adapted themselves to, as already described. Death, as is usual, was preceded by uræmic convulsions and coma, in this case leading to fatal œdema of the lungs.

APPENDIX No. XI.

ON CERTAIN FORMS OF INJURY TO THE EYE.

By Surgeon-Major R. J. S. Simpson, M.A., M.B., Army Medical Staff, doing duty at the Royal Arsenal, Woolwich.

Injuries of the eye are among the most important of the accidents, not involving loss of life or limb, which come under the care of the military surgeon; important, not only as regards the subsequent actual efficiency of the soldier, but also with respect to any claim for exemption from duties, increased pension, or other compensation for a loss of vision alleged to have followed the receipt of an injury.

The majority of injuries are slight in their nature, unimportant as to their future effects, but the determination of the exact nature of the lesion and its consequences is most important, as in these cases especially unfounded claims are often put forward. One of the commonest experiences in ophthalmology is the sudden discovery of a visual defect in one eye, due to a temporary deprivation of the sight of the other, probably the eye most depended on. So, in a similar way, particular attention is directed to the efficiency of vision of an eye which has received an injury, and any defect, hitherto unobserved, is, very naturally, assumed to be the result of that injury. Besides such cases, there are, of course, those in which the defect is knowingly exaggerated. Hence these slight injuries require more attention than their intrinsic importance demands. On the other hand, the more serious injuries, as a rule, require immediate, active treatment; a short period of inaction, or of misdirected activity, may lead to most disastrous results.

Two classes of injury have come especially under my observation, and will be considered here, viz., contusions and penetrating wounds.

I.—*Contusions.*

This is a convenient term, grouping together many cases of very different degrees of severity. The slighter forms may show no evil result whatever after subsidence of the initial pain and discomfort, or the patient may believe that his vision has deteriorated, while an estimation of its acuteness shows that no important alteration can have taken place; as in the following case:—

Case 1. J. H——, 49, fitter. On 7th October 1893, struck in the left eye by a fragment of brass, next day, considerable pain. 10th October 1893, complains of loss of vision in left eye.

V.R.E.=$\frac{6}{9}$ let. Hm. 1·5 D.=$\frac{6}{9}$ full, not improved+3 D.=J. i at i ft.
V.L.E.=$\frac{6}{9}$ Hm. 1 D.=$\frac{6}{6}$+2·5 D.=J. i at i ft.

Here, whatever loss of vision occurred was due to accommodative asthenopia.

Transient amblyopia may follow with infiltration of the retina in patches (as described by Berlin), associated with contraction of the field and photophobia; Haab states that there may also be a slight change at the macula. There is no direct relation between the retinal changes and the amblyopia, which persists after the retina has cleared up; this is probably due, in many cases, to astigmatism from irregular contraction of the ciliary muscle, the result of hæmorrhage into its substance. Haab also describes and figures changes in the macular region the result of contusion; usually a faint mottling which may pass off, or may be replaced by defined and persistent brighter spots. Here the amblyopia may increase; it is permanent.

Case 2. D. R——, 19. On 9th November 1892 received a slight blow on the right eyeball, complained at once of pain, most severe in the supra orbital notch, which persisted to date of examination, 15th November 1892. Much photophobia. Two whitish, shining patches on the retina, roughly parallel to the vertical meridian; vitreous slightly hazy, no other lesion. Refraction normal, V.$=\frac{6}{36}$ not improved. The pain ceased, but the amblyopia continued.

Hyphæma is a frequent result after contusion; it is symptomatic of an injury to the iris, which may range from a simple rupture of the vessels, to detachment through rupture of its attachments. Where the hyphæma is complete, the prognosis must be guarded; not only is there a possibility of a severe and intractable inflammation with important results, but there may be deep-seated and irreparable mischief, as in the following case (No. 3). On the other hand, in the slighter cases, the blood is soon absorbed, and vision is restored (Case 4), but a complete diagnosis cannot be made until the blood has been at least partially absorbed.

Case 3. T. H——, 46. On 19th October 1894, struck on the left upper eyelid by a steel button, weight 490 grains, which flew from below a cold chisel which had been struck by a 16-pound hammer. There was a lacerated wound of the lid, extending along three-fourths of the border, the separated tissues forming a flap 6 mm. broad. The anterior chamber was completely filled with blood, tension normal, no subconjunctival hæmorrhage.

During the progress of the case, there was at first a partial anæsthesia of the cornea, which gradually passed off, there was no pain, either local or referred. By December 1894 slight absorption of the blood had occurred at the upper border, and in January 1895 the globe was distinctly smaller than normal, and the tension diminished. This shrinking continued, and in April 1895 the patient complained of difficulty in using the right eye for any length of time. V.$=\frac{6}{12}$ ii-1 D.$=\frac{6}{6}+2\cdot5$ D.$=$J. i at i ft. The injured eye was removed, and the condition of the globe was as follows:—Posterior surface of the cornea lined by a reddish clot, a pale buff membrane extends across the iris and anterior capsule. Lens opaque. Complete detachment of the retina, except at a point corresponding to the attachment of the internal rectus, where the choroid and retina were replaced by a tough fibrous mass firmly adherent to the sclerotic. Immediately in front of the tendon was a linear depression in the sclerotic, in which a black line could be seen, found on section to be continuous with the pigment layer; a second section higher up showed two black lines, 2 mm. apart, separated by a mass of cicatricial tissue continuous with the fibrous remains of the choroid and retina. Evidently a rupture of the sclerotic with hernia of the choroid and retina had occurred.

Case 4. W. E——, 38. On 29th May 1893 struck in the left eye by a piece of iron; result, an abrasion of the cornea, effusion of blood into the anterior chamber, occlusion of the pupil by clot, small clots on the iris. V.$=0$. Progress as follows:—

2nd June 1893.—V.L.E.$=\frac{6}{36}$.
15th June 1893.—V.L.E.$=\frac{6}{6}$ iv Hm. $0\cdot5$ D.$=\frac{6}{6}$. Blood absorbed.
R.E.$=\frac{6}{6}$ iii Hm. $0\cdot5$ D.$=\frac{6}{5}$.

$$\left.\begin{array}{l}\text{26th June 1895.—V.L.E.}=\frac{6}{12}+1\cdot5\text{ D.}=\frac{6}{5}\text{ full.}\\ \text{V.R.E.}=\frac{6}{9}\frac{+1\text{ D. sph.}}{+1\text{ D. cyl. axis vert.}}=\frac{6}{6}\text{ full.}\end{array}\right\}\text{Under atropine.}$$

Case 5. J. J——, 34. On 1st August 1894 struck in the right eye by a piece of steel, about $3\times1\times\frac{1}{8}$ inch; result, a contused wound of the lower lid to the outer side, a linear wound of the cornea passing upwards and outwards, across both meridians, lower half of anterior chamber filled with blood, a doubtful appearance of blood in the vitreous. V.$=0$.

11th August 1894.—R.E.V.$=\frac{6}{60}$ c.-1 D.$=\frac{6}{9}$ ii. Blood absorbed, but vitreous hazy; he states that on first opening his eyes in the morning he cannot distinguish red from green.

14th August 1894.—R.E.V. $=\frac{6}{18}$ **c.**—1 **D.** $=\frac{6}{9}$. **Fundus normal; slight haze of vitreous, small opacity at inner border of lens. Pupil oval.**

27th August 1894.—R.E.V. $=\frac{6}{12}\,\frac{\text{iii}}{\text{iv}}$ c.—0·75 D. $=\frac{6}{6}$ iv.

12th October 1894.—R.E.V. $=\frac{6}{9}$ c.—0·75 D. $=\frac{6}{6}$ iv. Pupil circular.

23rd October 1894.—R.E.V. $=\frac{6}{6}$ ii c. $\frac{+0\cdot5\text{ D. sph.}}{-1\cdot75\text{ D. cyl. axis vert.}}=\frac{6}{6}$ iv.
L.E.V. $=\frac{6}{5}$ let. c. $\frac{+0\cdot25\text{ D. sph.}}{-0\cdot5\text{ D. cyl. axis vert.}}=\frac{6}{5}$ let.
} Under atropine.

2nd November 1894.—R.E.V. $=\frac{6}{6}$ iv c.—0·5 D. cyl. axis vert. $=\frac{6}{6}$
L.E.V. $=\frac{6}{5}$ c.—0·5 D. cyl. axis vert. $=\frac{6}{5}$
} Best correction.

The corneal wound here was not caused by the edge of the fragment, as this struck the lid; it was non-penetrating, and probably due to a splitting of the anterior laminæ, the result of the crushing effect of the impact on the globe. Transient colour blindness, as in this case, is of rare occurrence. Several cases are recorded by Favre; in some vision was monochromatic, in others the patient saw colours complementary to the actual tints. It is of little importance, as it passes off rapidly.

Laceration of the iris, partial or complete detachment with retroflexion may occur, usually with injuries of the lens or deeper structures. Two cases of retroflexion are described later. Traumatic iritis and irido-choroiditis are not infrequent results of contusion, and sympathetic ophthalmia is said to have occurred as a consequence of injury of the iris without penetration, but the evidence on this point is unsatisfactory. As to the diagnosis, when the history of injury is doubtful, iritis, and especially irido-choroiditis, should only be diagnosed as traumatic after the exclusion of all other possible causes. A specific taint may, however, determine the onset of an iritis after a contusion of so slight a nature that in a healthy subject no such reaction would have ensued, as in the following case.

Case 6. H. W——, 24. On 6th October 1892 struck in the left eye by a small fragment of brass which was removed at once, but caused an abrasion of the cornea. He returned to duty 15th October 1892, but the same day complained of neuralgic pains in the left temple. On 18th October 1892 distinct specific iritis. History of a sore six years previously, followed by well-marked secondary symptoms.

Hyphæma may occur in hæmorrhagic glaucoma, in inflammations of the choroid and iris in gouty and diabetic subjects, with intraocular and orbital tumours, and much more rarely, in general systemic disturbances, with increased blood pressure. Where the history of injury is indefinite, these points must be considered in the diagnosis.

The treatment of these results of contusion is mainly expectant. Warm boracic compresses will relieve pain, and atropine is useful in probably every case; but rest, made as complete as possible by occlusion of both eyes with a pad and bandage, is the most important feature.

The more serious results of contusion are dislocation of the lens, cataract, and hæmorrhage into the vitreous, with or without detachment of the retina. Mr. Treacher Collins has lately described three cases of "concussion cataract" with dislocation, in which the ligamentum pectinatum was ruptured, and the ciliary muscle split; in all of these the capsule was ruptured. The diagnosis of a dislocation is delayed by an associated hyphæma, and, as in the following case, tremor of the iris may be prevented by adhesions forming during the period of absorption of the blood, but a direct ophthalmoscopic examination will in all cases determine the absence of the lens from its normal position, and sooner or later detect its new situation.

Case 7. J. W——, 38. On 13th June 1894 struck in the left eye by a bolt about $3\times\frac{1}{2}\times\frac{1}{8}$ inch. Examined, much blood in the anterior chamber, pupil oval. On oblique illumination, the corneal curvature was irregular, the axis of increased curvature passing upwards and inwards. Vision nil. As the hyphæma cleared up, the fundus reflex was found to be absent. State of the lens not made out. On 31st July 1894, state as follows: faint light perception, pupil oval, dilated and immobile, some iritis had occurred. By oblique illumination a curved refracting edge seen in the inner and lower quadrant; by the direct method. with very oblique illumination this could be seen to be the edge of the lens, sunk behind the iris and slightly opaque. From the lens a reddish line passed across the pupil. Fundus reflex absent, tension normal.

5th September 1894. Complains of irritation of right eye, especially at night; examined, found Hm. 1 D. In October the vitreous had cleared up slightly, his light perception had improved. The lens afterwards became quite opaque, but by May 1895 had been almost completely absorbed, leaving only a conoid opacity at the nasal edge; the capsule is still somewhat opaque, but details of the fundus can be seen indistinctly at various points with + 10 D.

Where there is hæmorrhage into the vitreous, it is difficult to detect a lens sunk behind the iris; indeed, it seems to be possible only when, as in this case, it is so placed as to receive very oblique rays, and then only when it has lost its transparency to some extent.

P. L——, 40. On 17th September 1894, struck in the left eye by a piece of black oxide of manganese, size unknown; result, a lacerated wound about 10 mm. long, 5 mm. from the edge of the upper lid. Anterior chamber shallow, slight effusion of blood on the lower part of the iris, tension slightly diminished. Pupil distorted, the nasal edge diminished in breadth, and a sharply defined boundary between the upper and lower portions, which are on different planes, the narrowed nasal portion being behind the upper edge. Indistinct tremor on movement, no pain. V. = $\frac{6}{9}$. Fundus reflex imperfect, an abnormal shallow in nasal half of field, a black line crossing the centre of the pupil. On examination by the direct method, this black line was found to be tremulous on movement. No hæmorrhage into the vitreous; lens only imperfectly seen owing to the great photophobia and intolerance of examination. On focal illumination, the crescentic edge of the lens seen towards the nasal side. Case 8.

19th September 1894. V. = $\frac{6}{60}$. Lens slightly hazy.

21st September 1894. V. = $\frac{6}{24}$ i., Hm. 1 D. = $\frac{6}{24}$ ii. There is some bulging forward of the lower nasal quadrant of the iris, blood almost all absorbed, fundus reflex diminished, pupil area filled with faint irregular opacities, nasal edge of iris much lacerated.

24th September 1894. The opacities in the pupil area have become more distinct as radiating and vertical lines like a crumpled membrane. By oblique illumination, the temporal edge of the lens is now distinctly visible about the middle of the pupil; it is somewhat opaque.

26th September 1894. The nasal border of the lens can now be seen behind the iris.

2nd November 1894. Lens definitely, but not completely opaque. Tension normal; no pain nor irritation.

23rd November 1894. Eye quiet, tension normal; the nasal edge of the iris is much paler than the rest. Complains of irritation of the right eye in the evening. V. = $\frac{6}{5}$ ii., Hm. 0·75 = $\frac{6}{5}$ + 1·75 D. = J. i at i ft.

9th April 1895. Lens quite opaque, and milky in appearance; light projection good; tension normal. He states that he can now read without a glass before the right eye.

The dislocation in these two cases was of a similar nature, accompanied in each by a rupture of the capsule. As to the opacities seen in the centre of the field, they were probably due to the remains of the torn suspensory ligament; if they represented an empty capsule the opacity of the lens should have developed more quickly.

A. L——, 30. On 11th June 1891 injured by the explosion of dynamite. The conjunctiva to the nasal side of the right eye was extensively lacerated, and contained a quantity of black material, most of it firmly adherent; there was a large burn of the cornea, the iris had almost completely disappeared, and was represented only by a narrow ring. Fragments of the same black material had been driven into the lens capsule, others remained in the cornea. Lens dislocated downwards and forwards, the anterior chamber increased in depth. A small amount of pus formed between the corneal layers, but was rapidly absorbed. Later the lens became quite opaque, the tension increased rapidly with inflammation of the uveal tract, and eventually the eye was removed. Case 9.

In each of these cases the capsule was ruptured, producing the subsequent opacity. But in other cases the capsule may remain intact, and the lens transparent. In Case 8, the retroflexion of the iris was only partial, while in Case 9 it was complete, as in the cases of concussion cataract described by Mr. Treacher Collins. These cases also illustrate the changes that may occur in a dislocated lens which has become opaque; it may become absorbed if the capsular wound remain patent; it may remain quiet, and cause no reaction; or, where the opacity developes more rapidly, the concomitant increase in bulk causes important alterations in the tension, or iritis, with serious results.

When, as in Cases 7 and 8, the abnormal position of the lens causes no discomfort or inflammation, the treatment is purely expectant. A dorsal decubitus has been recommended in the hope that the lens may slip back into its normal position; but in any case the eyes should be occluded by a pad and bandage and the patient kept in bed until some indication of the probable development of the lesion is obtained. When the lens is in the anterior chamber, it should be removed in all cases, but if behind the iris, except when acting as a foreign body, producing inflammation or causing increased tension, it is best left alone. In Case 9 removal of the lens at least was recommended but refused, and the patient went from one hospital to another getting the same advice till the sudden onset of glaucomatous symptoms with irido-choroiditis necessitated removal of the eye, which was done at Moorfields. Here, of course, the perforation of the globe complicated matters.

Opacity of the lens without permanent displacement is of rare occurrence. According to V. Graefe the capsule is generally ruptured at the periphery or in the thin posterior layer. Hence the opacity is more slowly formed and the swelling not great.

Hæmorrhage into the vitreous is a frequent if not a constant result of even slight contusions of the globe; it is invariably present in small punctured wounds of the sclerotic, but may be absent in those of larger size. Cases fall into one of three classes according to the amount of blood effused, and the effect on vision. In Class I., vision, central and peripheral, is unchanged while the eye is at rest; there are mobile scotomata in the field on sudden movement, pupil reaction is normal. Mobile opacities visible in the vitreous. Cases of this degree are apt to escape notice unless a routine examination be made of every case. In Class II. vision is slightly diminished with the eye at rest, objects about the centre of the field are distinguished easily, but are somewhat blurred. All symptoms much aggravated on movement. Pupil reaction normal or sluggish. Fundus visible dimly through a hazy vitreous. The reddish-brown particles may sometimes be seen collected towards the lower part of the fundus, but are diffused on movement. Case 5 is an example of this class. In Class III. a large amount of blood is effused, and vision, or even light perception, is lost. Case 7 is an example of this degree, as are the following:

10. J. H——, 38. Struck in the left eye by a cricket ball; almost immediate loss of vision; much pain. On examination, loss of light perception and fundus reflex; pupil dilated and immobile. The pain passed off rapidly. During the following twelve months the hæmorrhage cleared up slightly, and a diagnosis of detachment of the retina was made. No improvement in the vision.

11 H. H——, 17. On 12th August 1890, while looking through a key-hole, the door was opened suddenly, and the key struck him on the left upper eyelid. Result, a lacerated wound of the ocular conjunctiva, extensive hæmorrhage into the vitreous, loss of light perception and fundus reflex, pupil dilated and immobile. The blood became slightly absorbed, especially towards the nasal side, and associated in time with this, a slight external strabismus developed. Re-examined 16th September 1892; R.E.V.$=\frac{6}{60}$ c.—1·75 D.$=\frac{6}{6}$. Slight crescent. L.E. Light perception absent, fundus not visible, vitreous hazy, of a dull grey tint, containing numerous bodies, fixed and floating, flaky and fibrillar.

In a recent case the diagnosis is easy in proportion to the amount of effused blood; in the slighter forms it is difficult to say whether an amblyopia following contusion is due to hæmorrhage or to one of the causes already referred to, and consequently whether opacities appearing at a later period are due to the injury, or to a pathological condition unconnected with it. The importance of this differentiation is chiefly medico-legal, as small opacities of traumatic origin are usually rapidly absorbed. The following is a case in which the connexion between the contusion and the opacities was indirect; it also illustrates the importance of a constitutional condition on the progress of such cases.

H. H——, 37, marker out. In March 1893 received a blow on the left eye from a piece of metal, which divided the conjunctiva to the inner side of the cornea and lacerated the subjacent sclerotic. This healed rapidly. On 30th May 1893 complained of recurrent inflammation of the conjunctiva; worse at the end of the week, and improved by rest. Examined— Case 12.

R.E.V. = $\frac{6}{5}$. No Hm.
L.E.V. = $\frac{6}{9}$ —1·5 D. = $\frac{6}{6}$ let. Ordered atropine.

8th June 1893.—R.E.V. = $\frac{6}{9}$ pinhole $\frac{6}{6}$ +0·5 D. cyl. axis vert. = $\frac{6}{6}$.
L.E.V. = $\frac{6}{9}$,, $\frac{6}{9}$ +0·75 D. ,, = $\frac{6}{6}$.

Spasm of accommodation and astigmatism were then factors in the case. He recovered under rest and atropine, but several attacks of the same nature followed, and in September 1893 he had a severe attack of irido-choroiditis with loss of vision. The eye, naturally prominent, became more so, and deviated slightly outwards. As there was a distinct history of syphilis, he was ordered mercury and iodide with atropine, and slowly progressed to almost complete recovery. In June 1894 he had a second attack of the same nature, with aggravation of all the symptoms, but recovered under the same treatment; the vitreous remained slightly hazy, and contained some opacities; there was also some choroidal atrophy. Examined 27th November 1894. R.E.V. = $\frac{6}{6}$ ii. L.E.V. = $\frac{6}{18}$ n.i. In May 1895, he had a much milder attack, with considerable conjunctival injection and pain, but without any marked choroidal change; from this he recovered rapidly. At no period has the right eye been in any way affected.

Detachment of the retina is a probable complication of severe hæmorrhage, but cannot be diagnosed where the fundus reflex is absent. This, however, is practically of no importance, as the eye is usually lost in either case. As in other forms of intraglobular hæmorrhage, where the history of injury is indefinite, the differential diagnosis between a traumatic and a pathological hæmorrhage depends on the exclusion of general conditions likely to originate it.

Treatment in these cases must be directed towards the prevention of inflammation; rest, cold or iced compresses, and atropine, with attention to the general health. So far as concerns the effused blood, it appears to be useless; in the slighter forms absorption sooner or later is the rule, while a large effusion is slightly, if at all, influenced by the usual absorbents. The hypodermic injection of pilocarpine has been used, but without much success.

II.—*Penetrating Wounds of the Globe.*

These are of much greater importance than any injury not involving a breach of continuity, as an opening into the globe may lead to inflammation, not only of the wounded eye, but also of its fellow. Clinically they fall into two divisions according as the wounding instrument is retained or not, but in both three conditions must be noted, the site of the wound, its nature and direction. As to site, speaking generally, the wound is serious in proportion to its nearness to the ciliary region, but, owing to the natural protection of the part, wounds of the globe behind the equator are rare. Again, a lacerated wound heals more slowly, is more disposed to inflammation, and yields a less resistant cicatrix than an incised wound. These two conditions obtain in both classes of penetrating wounds, but an important difference exists as regards the track of the wound within the globe. In simple wounds, by a body thrust into the globe and withdrawn, the track is straight, but a foreign body penetrating may change its course within the globe, so that the structures implicated cannot with certainty be foretold from an inspection of the visible track.

Uncomplicated wounds of the cornea are of comparatively little importance, they usually heal rapidly, leaving a fine cicatrix; but those which are contused or lacerated do not give such happy results. Galezowski mentions specially lacerated wounds such as are caused by the finger nail; these are often complicated by a prolapse of the iris, with flaccidity of the globe and threatened loss of vision. He recommends suture of the corneal wound with fine silk, in the hope of restoration of the anterior chamber, and at least partial recovery of vision.

Cases 13 to 15. Diffuse suppurative keratitis may follow a contused wound, penetrating or not. Three such cases have come under my care, subsequent to contused wounds (by pieces of steel), with a considerable loss of substance. In the first case a diffuse haze of the whole cornea was followed by the collection of a small quantity of pus between the corneal layers and hypopion; there was a distinct history of syphilis. Under treatment with mercury and iodide the pus was rapidly absorbed, the cornea cleared up, leaving a leucoma at the site of the wound. In the second case there was no history of syphilis. Here the early stage was like the first case, but the hypopion and corneal abscess, though small, were persistent, and for several days it appeared as if paracentesis would be necessary. There was, however, no tendency to sloughing of the anterior layers, and the pus was eventually absorbed, leaving a large but faint nebula, which has since diminished in size. The third case was also in a syphilitic subject; in the earlier stages it was similar to the last, but not influenced by specific treatment, which was not persisted in. The layers in front of the abscess broke down, and paracentesis was performed through the base of the resultant ulcer, using a broad needle. The result is a large leucoma; the rest of the cornea has not cleared up, and the whole is slightly conical. There was iritis in each case. In addition to the specific treatment the conjunctival sac was washed out thrice daily with $\frac{1}{1000}$ warm perchloride and fine iodoform powder blown in; boric fomentations were used to relieve pain and atropine instilled. In such cases an incision is useless if it be small, and dangerous if large; if the abscess be converted into an ulcer by the sloughing of the anterior layers, or if there be much tension or pain, paracentesis should be performed, and the usual practice has been to perforate the cornea through the floor of the ulcer, either with the needle or the cautery; but Dr. Snellen, jun., recommends perforation through the non-suppurating portion, as the diminution in tension is the same, while the corneal wound heals more rapidly. Parisolli recommends corneal section and irrigation of the anterior chamber with warm 2 per cent. boric lotion, where the hypopion is persistent and causing iritis. Sub-conjunctival injection of a few drops of $\frac{1}{1000}$ perchloride of mercury solution is recommended by Gallenga and others; it gives good results in many cases, but occasionally causes a serious reaction; other authorities state that a similar injection of a 2 per cent. solution of sodium chloride produces equally satisfactory results without any risk of inflammation.

Prolapse of the iris is a frequent complication of corneal wounds, especially towards the margin, or where the lens is implicated. It is always a serious complication, both from the continuity of the iris with the rest of the vascular tunics, and its influence on intra-ocular tension. Such cases as have come under my care have been associated with other and more important injuries; the following, though not the result of a penetrating wound, is interesting in other respects.

Case 16. J. F——, 44. On 18th May 1894 received a burn of the left eye from a pellet of red-hot iron, about the size of a pea, which struck the eye over the lower nasal quadrant, passed upwards and slightly outwards to lodge under the upper eyelid, just outside the vertical meridian. The conjunctiva adjoining the cornea at the point of impact was much burnt, and a burnt track marked the passage of the pellet across the cornea. A good deal of suppuration followed, with diffuse keratitis, much pain in the supra-orbital notch, and, later, iritis. Atropine was instilled, the neuralgic pain relieved by phenacetin, the eye irrigated, and iodoform blown in. This reduced the suppuration in a marked degree, and no great increase in the corneal infiltration occurred, nor was there any ulceration. On the morning of 11th day it was found that a portion of the cornea about 2 mm. in diameter, situated at the margin of the lower nasal quadrant, *i.e.*, the point of impact, had separated *en bloc*, and a small prolapse of the iris had occurred. Under treatment with eserine and a compress the prolapse was partially reduced, but the whole corneal substance gradually broke down, the layers apparently separating laterally without any purulent infiltration. The globe became flaccid, and, as it was apparently quite useless, was removed.

8th August 1894. Complains of loss of vision in right eye. V.=$\frac{6}{9}$ ii. Hm. 2 D.=$\frac{6}{6}$+3 D.=Ji.; at i ft. The sudden sloughing of the cornea was probably due to the intensity of the local injury, combined with the destruction of the adjacent conjunctiva.

Wounds of the iris, complicated only by a corneal wound, are rare. Small punctured wounds may leave no trace, or at most a small clot of blood on the iris, which is quickly absorbed; they may, however, lead to iritis as in the following case.

Case 17. T. C——, 26. Admitted with serous iritis. A small scar was observed in the cornea corresponding to the middle of the iris on the outer side. A week before admission a comrade had thrown a piece of fish at him, which struck the eye, causing some discomfort. Here there was probably perforation, and wound of the iris by a bone.

Wounds of the lens are usually further complicated by wound of the iris or ciliary body, but apart from this, their importance varies with the size of the capsular wound, and depends on the resultant opacity. Such a traumatic cataract occurs in any case where the capsule is incised, punctured, or ruptured, and its development is directly connected with the size and site of the capsular opening. Hence it is least in small punctured wounds where the opening closes at once, is slight and more diffused in rupture at the equator or on the posterior surface, while it is rapid and important in large incised wounds and dislocations with rupture of the capsule. The more rapid the development, the greater the risk of serious complications from the swollen lens pressing on the iris, and causing increased tension with glaucomatous symptoms, or iritis. On the other hand, the larger the wound, the greater the probability of absorption. This, however, is extremely uncertain; a cataract may remain unchanged for a considerable time, and then clear up suddenly. The diagnosis of a recent case presents but little difficulty, except where it is caused by a foreign body, when it is important to determine the presence or absence of the body as an element in the opacity. If the examination be made soon after the injury, the body may be seen well defined, surrounded by a diffused opacity of greater or less density according to the time that has elapsed, and the extent of the capsular wound. If the density be such as to obscure all outline of the body, the diagnosis can only be arrived at on general grounds, the comparison of the corneal and capsular wounds, the presence of a wound of iris, may show the track of the body outside the lens, and point to the probability of its presence in the lens. The nature of the body and its velocity of projection are two most important factors; a sharp-edged body will in all probability pass through the lens if moving rapidly, while a blunter and more irregularly-shaped body may be retained. In cases of more remote origin, cataract due to a constitutional state, such as diabetes or albuminuria, must first be excluded.

Traumatic cataract may then follow (1) dislocation of the lens; (2) simple wound or contusion; (3) penetration and retention of a foreign body in the lens; (4) passage of a foreign body through the lens. The treatment of the first class has already been referred to, but a sudden increase in tension may necessitate removal, where otherwise it is inadvisable. Where it is associated with a penetrating wound, the extent of the opacity, its site, the age of the patient, and especially the condition of the deeper structures must be considered. Where the wound is of large size, or where it involves the ciliary body, or any part of the dangerous zone, the importance of a cataractous condition of the lens is merged in the more important question of the possible influence of the injured eye on its fellow, so that, generally, the lenticular opacity is only one of the factors which have to be considered. A small peripheral opacity, as a rule, requires no treatment, while if it be small, but central, an iridectomy over the clear portion of the lens should be performed. But before the removal of a lens for traumatic cataract be performed, two conditions must be fulfilled: (1) the age of the patient and the time that has elapsed since the injury must be such that no further hope remains of spontaneous absorption; and (2) the most perfect information possible under the circumstances must be obtained as to the condition of the retina, as it is obviously no use exposing a patient to the risks of the operation if the perceptive apparatus be inefficient. Further, as such injuries leave a predisposition to inflammatory changes, no extraction should be attempted for at least five to six months after the injury.

Galezowski uses, especially in children and young people, a simple incision, with or without iridectomy, or a suction operation may be performed. But the results of all operations for the extraction of traumatic cataract are uncertain, and rarely satisfactory; the whole of the softened lens is only exceptionally removed, while the state of the retina is frequently unsatisfactory, so much so that Trélat says, "C'est par les demi succès et par les "insuccès pleins que se règle le bilan de la médicine opératoire des cataractes "traumatiques."

Apart from their site, wounds of the sclerotic vary in importance with their size. A small punctured wound is in itself almost harmless, and the absolute diagnosis of penetration may only be made by the observation of the associated hæmorrhage into the vitreous, or beneath the conjunctiva. On the other hand, a large wound may cause loss of the eye, through the escape of vitreous and hernia of the choroid and retina. Such a wound is rarely unaccompanied by injury of other important structures; but Yvert notes that in these cases where the lens has escaped from the eye the resultant vision is usually fairly good. The gaping of the sclerotic wound is greatest when the incision is parallel to the corneal margin. The indications for treatment are to avoid sepsis and promote closure of the wound; the edges should be carefully cleaned from all *débris*, swabbed and irrigated with $\frac{1}{4000}$ perchloride lotion, and iodoform blown in. If the wound be small and near the corneal margin, it will probably close under gentle pressure with a pad and light bandage, otherwise it should be sutured with fine silk passed through the whole thickness, a method which, according to Galezowski, gives satisfactory results even in extensive wounds with considerable hæmorrhage. The following is the only case of simple wound of the sclerotic which has come under my care.

ase 18. J. M——, 18. On 9th February 1893 injured by the explosion of a copper cap; result, a lacerated wound of conjunctiva on the nasal side about 2 mm. behind the corneal margin: underneath, a similar wound of the sclerotic involving its whole thickness; no hernia nor hyphæma, nor evidence of any internal lesion. The wound healed rapidly without any bad symptoms.

ase 19. J. A——, 41. On 28th November 1892 had a sharp-pointed tool thrust into the right eye. On examination found a gaping sclero-corneal wound in the centre of the lower temporal quadrant, about 6 mm. long, and from it a viscous fluid, probably vitreous, exuded; anterior chamber full of blood, considerable general shock. 29th November 1892.—Blood partially absorbed, leaving small clots adherent to the iris; pupil occluded by bloodclot; slight bulging forward of the pupillary margin of the iris. 30th November 1892.—Serous iritis, with tags of lymph at the edges of the wound. 1st December 1892.—All symptoms aggravated; a dark blood clot extends from the wound over the pupil; much chemosis; lens almost quite opaque. Here the wound track evidently traversed the ciliary body to reach the lens. The great improbability of the recovery of useful vision and the danger to the other eye were explained to the patient, and the eye removed, with a good result.

Where the wounding instrument is retained within the globe, the chance of septic infection is usually not less than in simple wounds, while by its coincident effect as a local irritant, the tissue resistance is lessened, so that the resultant probability of septic inflammation is greater than in simple wounds. In these cases, the difference in the relative importance of wounds of the anterior and of the posterior portions of the globe is even more distinct than in the case of simple wounds. In the majority of cases, the wound itself is intrinsically of slight importance, the destruction of tissues is slight, but cases are recorded of the penetration and retention of bodies, large not only as compared with the wound of entry, but relatively to the globe itself. In such cases the destruction of tissue is extensive, constituting a serious lesion. The determination of the intra-globular track is most important in every case, as it assists or, it may be, forms the only ground for the diagnosis of injury of any definite part of the eye. The observations of Schiess-Gemuseus and Berlin, however, show that the visible track does not invariably indicate the course and point of lodgment of the body; that in some cases it may rebound from one part of the eye to lodge in another.

Foreign bodies in the anterior chamber, and especially on the iris, cause more or less irritation, resulting in iritis, or even irido-choroiditis, and possibly sympathetic disease, and may also originate suppurative inflammation. They should therefore be removed with the forceps or magnet through a peripheral incision so situated that the escaping aqueous tends to carry the body with it, and, if firmly adherent to the iris, an iridectomy, including the point of attachment, should be performed. In one case under the care of Surg.-Major Keogh, a thin scale of iron penetrated the cornea leaving no visible wound, and bridged across the anterior chamber, being supported by the iris, and the posterior surface of the cornea. On making an incision, the fragment was carried out by the escaping aqueous, and the patient recovered without any inflammatory reaction.

J. S——, 56. Struck in the left eye by a rectangular fragment of steel Case 20. $5 \times 3 \times \frac{1}{2}$ mm. causing much pain. Examined, found a curved wound of the cornea extending from the middle of the lower and outer quadrant almost to the vertex; anterior chamber shallow, pupil ovate, long diameter horizontal and smaller end outwards; a small prolapse of the iris at the lower angle of the wound. The fragment was resting on the iris at the outer side of the pupil, its upper and outer corner was external to the upper angle of the wound. The fragment was removed without difficulty through the wound of entry; the subjacent iris was found to be slightly lacerated by the rough surface of the fragment. The prolapse was cut off, and the edges of the coloboma removed from the wound. Three days later the pupil was contracted, and lens substance was seen filling the gap in the iris; the lens became quite opaque. The wound healed rapidly, and the anterior chamber is now of normal depth, but there is an anterior synechia at the site of the wound. Here the advancing edge of the fragment evidently wounded the lens capsule as it entered the cornea obliquely and then by a partial rotation came to lie parallel to the plane of the iris; indeed, the relative positions of the fragment and the wound can only be explained in this way. The eye is at present quiet and painless; the right eye is astigmatic but healthy. Iridectomy, if not extraction of the lens, seems advisable later when the irritability of the eye is likely to be less.

If a foreign body pass through the iris its passage may be marked by a blood clot or laceration, or if at the central margin, by a notch. It may then lodge in the lens, or pass into the fundus. It is only in cases of lodgment in the lens that a foreign body behind the plane of the iris can be regarded as of itself harmless. Yvert points out that in these cases there is great tolerance, often no reaction takes place, the body alone does not determine partial or complete opacity, and so long as it remains within the capsule the sole risk is in the development of an associated traumatic cataract; further, that really serious results only occur when the body is close to the ciliary region.

W. C——, 48. In October, 1891, struck in the right eye by a fragment of Case 21. steel, which passed through the cornea and edge of the iris, leaving a V-shaped notch, to lodge in the lens behind the notch. The chip was seen soon after the accident; later it became obscured by a slight, dendriform opacity. Re-examined 4th June 1894:—

$$\begin{array}{ll} \text{R.E.V.}=\frac{6}{12}. \quad \text{Not improved.} & \left\{ \begin{array}{l} \text{Opacity not increased.} \\ \text{Posterior synechia at the site of the} \\ \quad \text{wound of iris.} \end{array} \right. \\ \text{L.E.V.}=\frac{6}{5}. \quad \text{Hm. 0·5 D.}=\frac{6}{5}. & \end{array}$$

C. L——, 44. In November, 1891, the right eye was injured by a chip of Case 22. steel; the lesion was identical with that in the last case, save that there was some doubt as to whether the particle had not passed through the lens. The wound of the anterior capsule was distinct, but no wound of the posterior could be seen, nor was there any trace of the body in the vitreous or on the retina; there was a slight opacity in the lens corresponding to the track of the fragment.

14th March 1893.—R.E.V.=$\frac{6}{9}$ Hm. 0·75 D.=$\frac{6}{9}$; better } No change.
L.E.V.=$\frac{6}{6}$ Hm. 0·75 D.=$\frac{6}{6}$ } Tension normal.
5th September 1894.—R.E.V.=$\frac{6}{9}$ iv. Hm. 0·5 D.=$\frac{6}{9}$+2·5 D.=J. i. at i ft.
L.E.V.=$\frac{6}{9}$; not improved+2 D.=J. i. at i. ft. No change.

In both these cases the treatment was purely expectant, and the results so far satisfactory.

The treatment of a traumatic cataract with a foreign body retained in the lens must be determined by the individual circumstances of each case. But it is established by clinical evidence (such as the above) that the presence of a foreign body is *not* an invariable indication for extraction of the lens. This operation should be determined by the same conditions which obtain in the case of uncomplicated cataract. When, however, extraction has been decided on, Yvert and Galezowski agree as to the necessity of devoting special attention to the removal of the foreign body before extracting the lens; its removal with the lens is by no means certain, it is very likely to slip out of the softened lens substance and lodge in the ciliary region. On the other hand, an attempt at removal of the foreign body alone is never advisable. It is impossible to ensure its removal without very serious damage to the lens, with a greater probability of inflammatory reaction, since the eye has been already damaged by the traumatism, while a body free in the fundus gives rise to a much graver condition than when shut up in the lens.

Other cases in which the body has passed behind the plane of the iris are most conveniently considered together, as the local changes are essentially of the same nature, and also the local lesion is usually of small importance compared with the risk of inflammation of the vascular tunics, and of sympathetic disease.

The subjective symptoms are very indefinite; pain has been slight in the cases I have seen, and there may be little or no alteration in the vision, but an estimation of the field will in many cases show a scotoma. Yvert mentions anæsthesia of a section of the cornea as an important aid to diagnosis. The objective symptoms are more trustworthy. If the body have traversed the lens, wounds of entry and of exit should be visible, but the wound of the thin posterior capsule cannot always be detected. Similarly, the greyish track in the vitreous is not always visible; in one case, noted later, it was not apparent, though the presence of air bubbles left no doubt as to the diagnosis. A hæmorrhage into the vitreous is second in importance only to the sight of the body itself. The pupil should be dilated to its maximum so as to expose as much as possible of the periphery of the fundus. At a later period, if the body has changed its position, as by falling from its point of lodgment, an alteration in the appearance of the retina, the result of irritation, may be seen, and these changes are well illustrated in Haab's Atlas. But the diagnosis of penetration is in many cases very uncertain, so much so that some surgeons have been led to infer it from the estimated force of the impact. My experience is that it is extremely difficult to obtain even an approximate estimate of the size of the body, while no useful idea of the velocity of projection can be obtained. One can only say that the denser the body, and the cleaner the line of fracture, the greater is the probability of a deeply penetrating wound. Both Yvert and Galezowski practise exploration of the wound with a thin blunt ended probe where an ophthalmoscopic examination is useless owing to hæmorrhage, and for this purpose Surg.-Lieut.-Col. Pratt's telephonic probe would be most useful where the body is metallic. Further, it only remains to add that a careful examination should be made in all cases in which the conditions are such that penetration may have occurred, as many cases have shown that even large bodies may be retained without arousing any suspicion as to their presence.

The possible results of retention are the same in nature as those following a simple wound of the posterior part of the globe, and vary according as the wound remains septic or not. They are:—

I. *Wound aseptic :—*
  i. Localized fibroid change: (*a*) encystment; (*b*) local atrophy.
  ii. General fibroid change: (*a*) atrophy.
  iii. Suppuration.

II. *Wound septic :—*
  i. General suppurative inflammation.
  ii. Inflammation of the uveal tract: (*a*) sympathetic disease.

The state of the wound as to sepsis can only be absolutely determined by the progress of the case, but in certain instances it may be provisionally assumed that it is aseptic. Morax has shown that except in certain well-defined pathological states the conjunctiva is free from pyogenic organisms. Messner's experiments showed that bullets are not sterilized by the heat evolved in firing, so that we cannot assume that fragments of metal are sterilized by the heat evolved in their manipulation. On the other hand, my experience in wounds of other parts of the body, such as the arm, is that as a rule fragments of iron or steel cause only a fibroid change without suppuration, while fragments of brass or copper, or splinters of teak, invariably produce suppuration, and if the fragments be retained a conical slough results. There is no reason why similar results should not be assumed in penetration of the globe pending distinct evidence to the contrary. Leber, however, states that in percussion cap injuries the fragments as a rule penetrate aseptically.

The presence of pus is not invariably evidence of sepsis. Although the earlier evidence was somewhat contradictory, Leber has demonstrated that chemically inert substances introduced aseptically produce proliferation and exudation, but no inflammation "in the clinical sense of the word;" that such changes as are produced in the eye are "absolutely different from those "following an infection of the wound." On the other hand, such a substance as mercury produces pus free from micro-organisms. Clinical evidence supports this distinction; lead produces a minimum reaction, while copper, the commonest cause of suppuration within the globe, is soluble in weakly alkaline solutions, so that a small fragment may be completely dissolved and the pus absorbed.

The site of implantation is no less important. Speaking generally, the reaction varies with the vascularity of the part, hence in the formed tissues, the lens and vitreous, it is least, while a fragment of copper on the iris will invariably cause suppuration.

The changes which may occur are the result of the combination of these factors, nature and site; the resultant irritability of the part determines whether the plastic exudation (or in extreme degrees suppuration), contraction, and atrophy shall be local, causing a scotoma, or general, resulting in phthisis bulbi with detachment. Short of suppuration similar changes accompany the process of repair in aseptic simple wounds. Two points require to be noted, first that encystment is rarely permanent, so that sooner or later a second series of changes begins; secondly, that aseptic suppuration is limited in extent by the distance to which the irritant can reach in a sufficiently strong solution to produce this extreme reaction; here it differs from that produced by micro-organisms, where there is a tendency to the increase of the irritant within the body and in new foci.

When suppuration is due to micro-organisms, it matters little whether the cause be a simple wound, or a wound with retention; in either case the eye is usually lost. Mr. Lawson indeed says that in "favourable cases," the nature of which is not specified, partial recovery may take place; he recommends leeching, soothing applications, and atropine with general treatment. Operative treatment is, as a rule, absolutely necessary, but it is by no means settled what form this should take. Apart from simple incision with a tedious convalescence and unsightly stump, the choice lies between exenteration and enucleation. The chief drawback to exenteration is the reaction which follows;

pain, the most urgent symptom, is not relieved at once, and recovery is slower than after enucleation. It is, however, free from the risk of meningitis and death, which occurred in 2-3 per 1,000 of the recorded cases of enucleation during suppuration. Enucleation differs from exenteration mainly in the freer communication between the septic area, the wound and periglobular tissues, and the perineural lymph spaces; infiltration of the periglobular tissues (though denied by Mulder, on the grounds that no case of meningitis subsequent to exenteration is recorded) probably occurs in all cases to a degree depending on the duration of the case, and the intraglobular pressure; and the absence of meningitis after exenteration may probably be explained by the practical exclusion of these tissues from the wound. Hence to reduce the risk of enucleation to that of exenteration, one must eliminate the increased risk of septic infection, by diminishing the amount of exudation, by diverting it from the optic sheath, or by rendering it harmless. The upholders of this operation enunciate certain precautions which, if taken, render the operation justifiable; these precautions are in their several ways directed to the points noted above, so that one is tempted to believe that enucleation has fallen into disrepute mainly through the neglect of what are now considered ordinary surgical requirements. Further, it appears reasonable to assume that in a suppurating globe, the longer the duration of this inflammation, the greater the probability of the periglobular infiltration; on the other hand, where the wound remaining open, there is a free exit for all secretions, the probability of its occurrence is less than when the wound has closed. Hence, the possibility of removing the globe intact is, of itself, in favour of enucleation only at a very early period of the case, while a freely discharging wound does not render enucleation unjustifiable. If the case is under observation, and enucleation can be performed immediately on the occurrence of suppuration, I believe it to be advisable, as in those cases where the wound has remained open. Here the duration of the case is less important, one has to consider chiefly the infection of the operation wound, and in most cases this can be dealt with. Other cases should be dealt with by exenteration, or a simple incision, according to the ability of the patient to bear pain and expense; relief is not so immediate, and convalescence longer after exenteration. If enucleation is decided on, previous to operation, the conjunctiva should be irrigated with $\frac{1}{4000}$ perchloride lotion, and carefully swabbed with the same solution. In the case described below, a stream of this solution was kept playing on the wound during the operation, so that the discharges from the globe were received in an antiseptic medium, but in many cases this method might prove unsatisfactory. After removal of the globe, the wound should be flooded with the same solution, and swabbed out, then dried, and after all bleeding has stopped, iodoform should be blown in freely. A drain of twisted silk or gut should be placed between the lids, whose edges should be smeared with iodoform ointment, a large pad of an antiseptic absorbent wool placed over both eyes, and the whole bandaged only sufficiently firmly to retain the dressing in position. The drain should be retained till the exudation becomes slight. The most important point is regular irrigation, morning and evening, with perchloride lotion, or sterilized water or salt solution. This procedure was followed in the case noted below; no pus was seen in the wound after operation.

Case 23. Alf. B——., 33. Came to hospital 3rd May 1895, having been struck in the left eye by a fragment of cast iron; he believed that it fell back, and was not aware that he had been wounded until informed by a comrade that he was bleeding. There was a gaping sclero-corneal wound in the median line on the outer side, extending 8 mm. into the sclerotic, 2 mm. into the cornea, including the iris, which was partially prolapsed, and the ciliary body. Considerable hæmorrhage, pupil pear-shaped, anterior chamber shallow. There was no evidence of the retention of the foreign body. The prolapse was snipped off, the eye freely irrigated, and iodoform blown in: the patient was informed that loss of the eye was almost certain. On the following day the lens began to lose its transparency, and on the fourth day there was much chemosis; pupil, a greyish yellow; a watery fluid with flakes of pus escaped from the wound; no pain. The eye was removed on the fifth day as above. On cutting up the globe, a pyramidal fragment of cast iron 8 × 5 mm., weight 0·6 gramme, was found lodged in the choroid behind the ciliary body on the nasal side, the vitreous was fluid, and the choroid lined by a layer of tenacious pus.

Sympathetic ophthalmia is the most important of the possible sequelæ of a perforating wound. While there is still much dispute as to its pathology, certain points are well established; these are: (1.) Its extreme rarity in the absence of a perforating wound of the exciter. (2.) Its absence after a perforating wound where micro-organisms do not gain access to, and produce a reaction in, the injured eye. (3.) On the other hand, its absence after panophthalmitis. (4.) It is almost invariably preceded by an attack of irido-choroiditis in the exciting eye. (5.) Nineteen times out of twenty the sympathetic disease begins in the iris or ciliary body. (6.) True sympathetic disease is distinct from sympathetic irritation. This last is purely reflex, and while its existence favours the development of the true disease, provided the septic element be present, yet of itself it does not pass into the graver form. Sympathetic irritation is much commoner than the true disease. The reflex action may show itself through any part of the nervous supply of the globe or its appendages, and so may give rise to very varied symptoms; but the most constant are lacrymation, photophobia, and accommodative asthenopia. This last is of course most evident in subjects who are slightly hypermetropic, and whose power of accommodation is diminishing through age. In such persons, some degree of irritation is often manifested where there is not only no perforating lesion, but also no inflammation of the injured eye, as, for example, in several cases noted above; and generally, any abnormality, pathological or physiological, is liable to cause irritation after exclusion of the injured eye. Further, the eye may be the seat of an irido-choroiditis due to a constitutional condition, and there appears to be little doubt that the development of such a specific disease is aided by any irritability either with, or without, coincident irritation of the injured eye. In a case of supposed reflex irritation one has then to exclude hypermetropia, and any pre-existent pathological condition, of which Yvert specially mentions lacrymal tumour. The differentiation between the severer forms of irritation, especially if persistent, and sympathetic disease is more difficult. Yvert recommends that the ciliary regions should be explored with a probe, and states that localized pain on pressure, or symmetrically situated painful points in both eyes, is pathognomic of the onset of the disease. But when the reflex irritation is of this extreme degree, there is little doubt that removal of the injured eye is the most satisfactory method of treatment, as in these cases it is almost uniformly successful, while supposing the disease to be truly sympathetic, this also is the most favourable procedure.

The interval between the injury and the onset of the disease gives little assistance in diagnosis. The Committee of the Ophthalmological Society considered an interval of less than four weeks short, but of eighteen cases examined by them with regard to this point, twelve occurred in less than four weeks, and of these, four in two weeks or less. Statistics collected by this Committee also tend to show that the disease is milder after a short interval than after a long one. On the other hand, there is no apparent limit to the time that may elapse between the injury and the onset of the disease, in a case of Gayet's it was 54 years.

The consequences of a penetrating wound are then determined by the extent of the lesion, and the amount of the reaction, which again depends on the entrance of micro-organisms, and the nature and site of the wounding body when it is retained. Hence the first necessity in treatment is the prevention of sepsis. Morax has demonstrated the absence of pyogenic organisms from the healthy conjunctiva, and the rapid multiplication of saprophytic forms between the dates of operation and first dressing; this development is determined by the increased secretion due to irritation, and the rise of temperature under the dressing. He has also shown that the results after irritation with $\frac{1}{4000}$ perchloride of mercury solution are no better than where a sterilized salt solution or water is used, while the irritation is greater in the first case; for this reason the salt solution is preferable. The conjunctival sac should then be freely irrigated and swabbed out with one of these solutions, both fornices being exposed; iodoform in fine powder should then be blown in, and a light dressing of antiseptic wool placed over the eye and secured by a bandage; this dressing cannot, unfortunately, be dispensed with, but it should be as small as possible.

Further treatment must be determined by the nature of the lesion; the local treatment of certain forms has already been referred to. In the case of simple wounds behind the sclero-corneal junction the extent of the lesion is the most important element. When, through the destruction of tissue and the certain occurrence of extensive plastic exudation as a part of the reparative process, there is but little hope of the recovery of useful vision, enucleation (or exenteration) is the most satisfactory procedure; it removes at once all possibility of sympathetic disease, it tends to a rapid convalescence, and in most cases only anticipates a later operation which has become obligatory. Such, for example, are large wounds of the sclerotic with loss of vitreous and hernia of the inner tunics, or with wound of the ciliary body and lens (Case 19). In smaller wounds of any part of the globe, where the loss of vision is not certain, the development of the case must certainly be awaited; primary enucleation is not justifiable. In the following case, the globe was rendered useless, and was perforated.

Case 24. T. D———, 19. On 16th August 1892 had a red-hot bar of iron thrust into the left eye. The cornea was quite opaque, the globe shrivelled and retracted deeply within the orbit. Numerous fragments of scale were extracted from the globe. It was removed three days later.

When there is a foreign body, the decision is more difficult, except in these comparatively rare cases in which the destruction of tissue is an indication for removal, as in case 23, where removal, was delayed by the unwillingness of the patient. In most cases, however, there is little interference with structure, vision is not at first seriously affected. Here there are three possible lines of treatment: (1) Enucleation; (2) removal of the body; (3) an expectant method. The decision between these three depends on the reaction within the globe, and excluding for the moment the individual element in the case, this reaction depends on the three factors, sepsis, nature of the body, and its position. But one can at first only guess at the probable condition as to sepsis, while supposing the wound to be septic, the final reaction depends at least as much on the recipient medium as on the micro-organism, so that except in these rare cases in which the wound is known to be septic, this factor may safely be omitted. Hence there are four possible cases, which, using the terms indifferent and irritable only relatively, may be expressed as follows:—

I. Body irritant. Medium: (*a*) Irritable; (*b*) indifferent.
II. Body indifferent. Medium: (*a*) Irritable; (*b*) Indifferent.

The reaction is a maximum in case I*a*, a minimum in case II.*b*; case II.*a* is less important than case I.*b*, as any change of position can only bring about a less reaction. Where the body and medium are both indifferent, as in the case of a fragment of lead in the lens or vitreous, the progress of the case should be watched; a policy of non-interference is the best, except where the body can be removed from the vitreous without any additional injury to vision. Where both are irritable, as in the case of fragments of copper or brass on the iris or ciliary body, in the choroid or retina, the probability of severe reaction is so great that the body should be removed if possible, even although the process cause a further loss of vision. Where removal is impossible, as in the case of a body deeply situated in the ciliary region, or where the process of removal will of necessity be followed by almost total loss of vision, primary enucleation is advisable. In the other two cases removal is indicated if it be possible, but where an irritant body such as copper remains in the vitreous, more interference with structure is justifiable for its removal than in the case of a fragment of lead on the retina; in the former case, the preservation of the existing degree of vision is less important than the removal of the body, while in the latter the conditions are reversed.

These general indications must, of course, be adapted to individual varieties in the reaction. Removal of the body is conditional on an exact knowledge of its position; without this the attempt is unjustifiable. As to the method, fragments of iron or steel are often most easily removed by the magnet, through an incision in the sclerotic opposite the site of implantation, in other cases the scoop or forceps must be employed. When removal of the globe is decided on, there is a choice between exenteration and enucleation. Some authorities consider that exenteration has at least as great a prophylactic value as enucleation; others deny this on the grounds that the ciliary nerves remain intact. This is, however, an argument *à priori*, and so far unsupported by facts. Various neurotomies and neurectomies have been tried, but with indifferent success.

Several cases of retained foreign body have been given above with the various local injuries. In the following there was no doubt as to the nature of the bubbles, the fragment was irregular, and probably carried the air in with it. The mark of the impact on the retina was distinct; thence the body probably fell into the fundus. Here, notwithstanding the nature of the body, the state of the lens and vitreous rendered immediate removal advisable.

W. N——, 30. On 23rd June 1893, while hammering a piece of lead, a fragment flew off and struck him in the left eye. There was a linear wound of the cornea in the vertical meridian, a nick in the middle of the upper pupillary border of the iris, an opacity in the lens slightly to the outer side, three air bubbles in the vitreous, which in an hour had coalesced. Slightly below, and to the outer side of the disc, a white line seen on the retina, surrounded by a darker tint, body not visible; vision under atropine R.E. $\frac{6}{5}$. L.E. = $\frac{6}{24}$. Case 25.

26th June 1893. Lens almost absolutely opaque. Three days later the globe was removed.

In considering the consequences of a penetrating wound, one cannot say that such and such a condition will be permanent, for not only may further fibroid change ensue, but also sympathetic disease may develop, even after a very long interval. This uncertainty is even greater in the case of retention of a foreign body. Hence an eye that has been the subject of a penetrating wound, and especially one which contains a foreign body, must always remain under suspicion; there is always a possibility of the recurrence of inflammation with disastrous results, both to the injured eye and its fellow. For this reason, an important element in deciding on an expectant method, is the possibility of immediate treatment; patients should be warned to apply for assistance on the occurrence of apparently trifling symptoms. All predisposing causes should be removed, any error of refraction, the most important source of irritation, should invariably be corrected, and a constitutional condition, especially syphilis, should be dealt with. But while every precaution should be taken, it is well to remember that statistics in this and similar questions are extremely unsatisfactory; they include most of the positive instances, but in the nature of things, cases of wound, or foreign body, with no serious consequences, only comparatively rarely apply for secondary treatment, and yet there are a sufficient number of cases already recorded to show that even those injuries, of which sympathetic disease is believed to be the necessary consequence, do not, in fact, within wide limits of observation, of necessity cause its development. Hence, in case of any doubt as to the absolute necessity of removal, the decision should depend on the state of the vision; if it be such that in the absence of graver complications, a useful degree of vision may be expected as the final result, the development of the case should be awaited. An intermediate operation, that is after the cessation of the more active processes consequent on the injury, and before the onset of sympathetic disease, is advisable in all cases where vision is practically lost, there is absolutely no advantage in retaining an useless eye, even although it is perfectly quiet; it is obligatory in cases of gradual atrophy of the globe from fibroid change and contraction. In cases where the injured eye is painful, or is causing an excessive degree of reflex irritation, it is probably advisable to remove it, even though it retain some vision, as the results are exceedingly satisfactory. The report of the Committee of the Ophthalmological Society shows conclusively that sympathetic disease occurring after enucleation of the exciter cannot be attributed to the operation; that in such cases, the period between the injury and the onset is about the normal, while that between the operation and the development is too short to allow of any causal relationship.

Enucleation after the onset of sympathetic disease is not so satisfactory; the curative effect is slight and uncertain, but, in the opinion of the committee, the operation is not harmful. Clinical experience, however, has shown that the final state of the sympathising eye may be worse than that of the exciter, so that the state of vision in the exciter must decide the question. A factor of less importance is the interval between the injury and the onset.

Those statistics that are available tend to show that the severity varies as the length of the interval, so that the result of enucleation is more likely to be satisfactory after a short interval.

With one exception the treatment of penetrating wounds cannot be determined by any hard-and-fast rules; it is essentially a question of the individual case; a combination which in one subject will prove harmless, in another produces a violent reaction. But in nearly every case a delay, long enough to allow of the observation of the degree of reaction, is not injurious, so that there is little reason for any hasty procedure. The degree of vision that justifies an expectant method of course varies with the patient's occupation, for it is evident that vision which would prove useful to a labourer, would be of little benefit to a skilled artizan. The only universal rule is that all useless eyes should be removed.

In all cases of injury, it is well to make an immediate estimation of the amount of vision, and of the visual acuity; and to repeat this during the progress of the case. Even in severe injuries the vision immediately after the accident may be surprisingly good. This immediate estimation proves that the patient possessed at least that amount of vision, and is for his benefit when the question of compensation arises. Similarly, under certain conditions, as in the Services, the probable minimum amount of vision before the injury is known within certain limits.

The protection of the employer is more difficult, but where, after convalescence, by the use of correcting glasses, visual acuity can be rendered normal, it appears to be safe to say that no permanent injury has resulted, at least in non-penetrating wounds. But in any case, the effect of pre-existing lesions must be allowed for in the final estimate of the amount of depreciation, and of course no estimate is of any value which does not follow the determination of the purely optical conditions and the correction of any error.

APPENDIX No. XIII.

APPENDIX

Annual Abstract of Meteorological Observations taken

NETLEY. **Lat. 50° 51′ N.**

Month.	Mean Pressure—corrected and reduced to 32° Fahrenheit.	Air Temperature.								Tension of Vapour.	Relative Humidity.		
		Mean at 9 a.m.	Mean daily.	Means of		Abs. Min.		Abs. Max.			Per Cent.	Minimum.	
				Min.	Max.	Temp.	Day.	Temp.	Day.		Mean.	Per Cent.	Day.
January -	29·787	38·6	42·6	33·0	52·2	13·0	5th	71·0	27th	·218	86	57	3rd
February -	29·977	42·2	46·3	33·1	59·5	20·0	21, 22nd	70·0	10th	·240	82	57	21st
March -	29·887	47·0	51·0	34·2	67·8	27·0	18th	76·2	31st	·245	71	43	30th
April -	29·749	53·3	57·4	42·5	72·3	35·0	1, 2, 23rd	78·6	1st	·319	74	49	7th
May -	29·842	54·1	58·0	42·0	74·0	29·5	22nd	80·0	16, 18th	·299	70	45	25th
June -	29·921	61·6	62·9	49·4	76·4	43·5	1st	87·0	30th	·398	70	49	30th
July -	29·804	64·4	67·0	52·9	81·1	45·0	5th	87·5	6th	·462	76	49	5th
August -	29·841	62·7	64·6	51·5	77·7	40·3	21st	83·5	30th	·444	75	55	10, 13
September	30·021	56·2	60·9	46·6	75·2	35·0	28th	87·2	24th	·377	77	53	28th
October -	29·808	52·0	57·0	43·1	70·9	30·2	17th	82·0	24th	·329	82	65	15th
November	29·878	48·6	53·1	40·2	66·0	30·0	29th	76·3	3rd	·298	84	56	30th
December -	29·946	42·3	46·3	35·9	56·7	25·5	21st	70·0	16th	·237	83	54	30th
Year -	29·872	51·9	55·6	42·0	69·1	13·0	5th Jan.	87·5	6th July	·322	77	43	30th Mar.

GIBRALTAR. **Lat. 36° 6′ 20″ N.**

Month.	Mean Pressure	Mean at 9 a.m.	Mean daily.	Means of Min.	Means of Max.	Abs. Min. Temp.	Abs. Min. Day.	Abs. Max. Temp.	Abs. Max. Day.	Tension of Vapour.	Rel. Hum. Mean.	Minimum Per Cent.	Minimum Day.
January -	30·114	49·6	54·1	46·7	61·5	40·4	4th	72·0	10th	·285	72	50	29th
February -	30·147	52·7	55·9	48·6	63·2	42·4	1st	70·6	18th	·320	73	47	1st
March -	29·940	55·9	57·6	52·7	62·5	45·0	20th	71·0	12th	·350	74	44	18th
April -	30·002	60·3	60·3	53·7	66·9	50·0	4th	73·4	25th	·374	69	53	19th
May -	29·948	64·0	63·7	57·3	70·1	50·2	1st	80·0	11th	·436	69	40	11th
June -	30·031	69·3	69·7	63·1	76·3	58·0	1st	81·8	19th	·579	78	50	14th
July -	29·998	73·4	74·8	67·4	82·2	62·8	24th	90·2	8th	·684	80	60	11th
August -	29·974	75·4	76·1	69·9	82·3	66·0	15th	88·0	15th	·698	79	48	15th
September	30·001	72·3	72·6	66·6	78·6	58·6	10th	86·2	1st	·644	81	56	28th
October -	29·951	65·8	68·1	62·7	73·5	54·4	30th	80·0	25th	·516	76	48	3rd
November	30·011	59·9	61·7	57·1	66·3	46·6	17th	75·8	8th	·428	82	65	16th
December -	30·128	55·6	58·0	53·1	62·9	44·2	22nd	72·4	18th	·367	79	59	29th
Year -	30·021	62·9	64·4	58·2	70·5	40·4	4th Jan.	90·2	8th July	·473	76	40	11th May

* Anemometer out of order

MALTA. **Lat. 35° 53′ 49″ N.**

Month.	Mean Pressure	Mean at 9 a.m.	Mean daily.	Means of Min.	Means of Max.	Abs. Min. Temp.	Abs. Min. Day.	Abs. Max. Temp.	Abs. Max. Day.	Tension of Vapour.	Rel. Hum. Mean.	Minimum Per Cent.	Minimum Day.
January -	29·348	55·3	55·3	52·0	58·6	43·4	3rd	63·2	5th	·332	73	51	5th
ebruary -	29·784	57·1	54·8	51·2	58·4	44·6	22nd	64·0	28th	·344	73	46	7th
arch -	29·754	58·3	57·3	53·4	61·2	46·4	26th	67·4	19th	·352	71	53	28th
ril -	29·784	62·3	60·8	56·8	64·8	52·4	7th	69·2	23rd	·425	75	46	23rd
y -	29·778	67·4	65·3	61·0	69·6	57·4	1, 4, 6th	75·4	30th	·472	71	46	5th
ne -	29·743	73·5	72·7	67·2	78·2	65·2	2nd	86·0	27th	·561	69	50	27th
y -	29·845	80·4	80·0	75·0	85·0	71·8	6th	91·0	12th	·771	74	52	11th
ust -	30·024	79·5	80·2	75·2	85·2	72·6	22nd	91·6	30th	·773	75	49	30th
mber	29·801	80·5	80·3	75·4	85·2	71·8	25th	93·4	5th	·733	70	44	22nd
ber -	29·882	76·3	76·2	72·2	80·2	64·4	14th	88·8	19th	·707	76	53	12th
mber	29·896	66·9	65·9	62·3	69·5	57·6	10th	75·6	1st	·514	77	57	2nd
mber -	29·786	59·0	57·1	53·2	61·0	44·8	28th	69·2	1st	·354	70	43	9th
ear -	29·793	68·0	67·2	63·0	71·4	43·4	3rd Jan.	93·4	5th Sept.	·528	73	43	9th Dec.

No. XIII.

at Netley and Stations Abroad in the Year 1894.

Long. 1° 20′ W. Height of Barometer Cistern above Sea, 47 feet.

Mean Amount of Cloudiness.	Rainfall.			Weather.								Wind.								
				Number of Days of								Number of Observations under each Point per Month.								
	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
6·6	5·13	0·56	25th	25	3	—	—	1	3	12	1	4	7	5	5	5	26	7	3	—
6·8	2·47	0·58	17th	18	—	—	—	1	3	11	8	3	6	2	3	3	23	13	3	—
4·8	1·91	0·56	12th	12	—	1	—	1	8	7	6	3	16	7	3	—	19	10	2	2
6·9	1·64	0·23	18th	15	—	—	1	—	3	11	3	7	11	7	9	12	8	6	—	—
7·2	1·26	0·25	9,11th	14	—	—	—	—	—	9	5	7	17	2	2	2	16	7	9	—
6·6	2·17	0·48	1st	13	—	—	—	—	4	13	1	1	10	4	5	2	22	16	—	—
7·1	5·31	0·93	29th	22	—	—	—	—	3	14	—	5	11	2	7	7	21	6	2	1
7·3	2·03	0·55	24th	15	—	—	1	—	2	13	1	2	12	2	5	11	16	10	4	—
6·6	2·37	0·62	28th	11	—	—	1	2	3	9	—	—	34	9	1	1	—	5	13	—
7·5	4·19	0·73	28th	17	—	—	—	2	—	12	2	7	24	3	4	2	19	1	2	—
7·1	5·71	1·38	11th	18	—	—	—	1	—	16	—	2	15	1	6	10	20	4	2	—
7·0	2·47	0·52	11th	15	1	—	—	3	3	14	3	4	11	3	3	2	13	19	7	—
6·8	36·66	1·38	11th Nov.	195	4	1	3	11	32	141	30	45	174	47	53	57	203	104	41	3

Long. 5° 20′ 53″ W. Height of Barometer Cistern above Sea, 53 feet.

4·0	2·58	0·96	5th	11	—	2	2	—	9	5	3	—	8	14	1	—	1	17	21	—
3·0	2·50	1·64	20th	7	—	—	—	—	15	4	1	1	7	30	—	—	—	12	6	—
6·0	6·92	1·98	26th	11	—	—	—	—	6	14	7	2	—	39	—	1	—	19	1	—
1·5	1·69	0·63	5th	11	—	—	1	—	8	10	3	—	—	2	1	—	6	49	2	—
4·0	1·53	1·03	14th	6	—	—	—	—	6	3	—	—	—	16	—	—	—	45	1	—
1·5	0·02	0·02	24th	1	—	—	—	—	16	—	1	—	—	41	—	—	—	19	—	—
1·5	—	—	—	—	—	—	—	1	20	—	—	—	—	34	—	—	—	20	1	7
2·5	0·02	0·02	31st	—	—	—	2	—	11	1	—	—	—	36	1	—	1	20	—	4
3·5	2·42	2·30	10th	3	—	—	1	—	11	3	—	—	—	28	—	—	7	17	—	8
4·0	2·50	0·63	10th	8	—	—	—	—	8	8	—	—	—	27	—	1	5	21	—	8
5·5	7·05	3·66	30th	10	—	—	—	—	1	7	—	—	—	35	—	—	1	20	1	3
4·5	3·16	0·95	3rd	10	—	—	—	—	7	7	—	—	—	27	—	—	1	33	—	1
3·5	30·39	3·66	30th Nov.	78	—	2	6	1	118	62	15	3	15	329	3	2	22	292	33	31

from 7th March to 11th April inclusive.

Long. 14° 30′ 54″ E. Height of Barometer Cistern above Sea, 112 feet.

6·0	3·72	1·40	27th	20	—	3	2	—	—	2	—	1	3	1	6	—	1	4	3	43
5·5	6·02	2·80	21st	6	—	1	—	—	4	6	—	3	12	8	3	—	—	—	3	27
5·2	1·34	0·38	30th	10	—	—	—	—	4	3	—	—	2	—	3	—	3	4	3	47
5·1	1·40	0·80	2nd	8	—	—	—	—	1	3	—	1	4	2	6	1	8	1	7	35
4·0	0·03	0·03	20th	2	—	—	—	—	2	1	—	3	4	4	4	—	—	4	10	33
3·0	0·02	0·02	14th	1	—	—	—	—	4	—	—	1	4	—	2	—	—	—	3	50
3·0	—	—	—	—	—	—	—	—	3	—	—	—	1	—	—	—	—	—	—	61
3·5	—	—	—	—	—	—	—	—	4	—	—	—	1	—	—	—	—	—	1	60
3·5	0·35	0·33	30th	1	—	—	1	—	3	—	—	—	3	—	6	—	1	—	7	43
5·7	2·27	1·05	12th	7	—	—	3	—	—	3	—	—	4	5	11	—	7	—	2	33
5·8	4·35	0·93	13th	16	—	—	5	—	—	1	—	2	14	3	1	—	—	—	2	38
6·3	8·21	1·35	26th	25	—	2	10	—	—	4	—	6	10	—	1	—	6	—	9	30
4·7	27·82	2·80	21st Feb.	96	—	6	21	—	25	23	—	17	62	23	43	1	21	13	50	500

Appendix

Annual Abstract of Meteorological Observations taken

SCUTARI CEMETERY. Lat. 41° 0′ N.

Month.	Mean Pressure—Corrected and reduced to 32° Fahrenheit.	Air Temperature.								Tension of Vapour.	Relative Humidity.		
		Mean, at 9 a.m.	Mean Daily.	Means of		Abs. Min.		Abs. Max.			Per Cent.	Minimum.	
				Min.	Max.	Temp.	Day.	Temp.	Day.		Mean.	Per Cent.	Day.
January -	30·086	35·9	37·5	31·4	43·6	24·8	18th	48·4	25th	·181	80	57	1st
February -	29·972	37·9	39·2	33·2	45·2	21·0	23rd	58·0	13th	·196	80	61	7th
March -	29·892	44·6	45·7	39·0	52·4	29·2	6th	64·6	14th	·240	76	48	8th
April - -	29·891	50·4	51·2	42·3	59·6	32·8	2nd	74·4	30th	·289	74	38	22nd
May - -	29·830	63·5	64·1	52·8	75·4	42·0	5th	88·4	31st	·432	67	39	30th
June -	29·796	70·9	71·6	59·3	83·9	50·8	4th	94·6	12th	·475	57	31	30th
July - -	29·798	77·5	76·6	63·8	89·4	56·6	2nd	102·4	28th	·563	52	28	28th
August -	29·791	76·7	76·1	64·7	87·5	59·0	14, 17th	100·6	29th	·591	58	30	29th
September	29·896	69·4	69·5	58·5	80·5	48·8	19th	91·4	8th	·468	59	44	3rd
October -	29·930	65·3	65·8	57·6	74·0	50·6	19th	85·0	5th	·471	70	41	5th
November	30·040	51·2	51·6	46·2	57·0	40·2	29th	67·4	13th	·310	79	57	9th
December -	29·932	44·7	45·0	40·3	49·7	30·2	20th	67·6	9th	·241	79	47	3rd
Year -	29·904	57·3	57·8	49·1	66·5	21·0	23rd Feb.	102·4	28th July	·371	69	28	28th July

POLYMEDIA, CYPRUS. Lat. 34° 42½′ 0″ N.

January -	29·553	53·3	54·3	45·4	63·2	38·0	19th	67·9	17th	·263	63	50	26th
February -	29·464	53·0	52·7	42·8	62·6	30·0	24th	70·9	13th	·206	64	48	14th
March -	29·412	61·2	57·8	46·2	69·4	39·0	2nd	81·5	22nd	·328	60	43	21st
April - -	29·389	66·0	62·6	51·3	73·9	44·5	18th	87·5	23rd	·373	58	30	23rd
May - -	29·396	76·5	73·8	59·5	88·1	47·0	4th	103·8	29th	·494	53	36	31st
June - -													
July - -													
August -													
September													
October -													
November	29·406	66·8	66·5	55·7	77·3	48·8	30th	95·8	1st	·393	58	44	30th
December -	29·463	58·5	58·9	48·6	69·2	38·4	20th	79·1	3rd	·340	67	46	4th

TROODOS, CYPRUS. Lat. 34° 54′ 0″ N.

January -													
February -													
March -													
April - -													
May - -	†												
*June -	24·290	69·9	70·1	56·7	83·5	49·2	20th	88·3	10th	·281	40	26	30th
July - -	24·210	70·3	70·5	58·0	83·0	50·0	3rd, 4th	89·7	15th	·300	40	29	8th
August -	24·210	69·6	71·5	57·8	85·2	47·8	30th	90·1	25th	·339	47	38	31st
September	24·270	63·9	64·6	53·5	75·7	43·4	17th	86·7	7th	·286	49	37	14th
‡October -	24·350	61·5	61·2	51·7	70·7	46·2	11th	76·9	7th	·267	49	37	5th
November													
December -													

* *21 days only, 10th to 30th inclusive.* † Aneroid. ‡ 18 days only, 1st to 18th inclusive.

No. XIII.—*continued.*

at Netley and Stations Abroad in the year 1894.

Long. 29° 3′ 0″. Height of Barometer Cistern above Sea, 60 feet.

Mean Amount of Cloudiness.	Rainfall.			Weather.								Wind.								
				Number of Days of								No. of Observations under each Point per Month.								
	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
6·3	2·14	0·88	31st	13	4	—	—	7	7	13	—	12	14	15	2	3	7	3	—	6
6·3	2·21	0·41	14th	14	9	—	—	4	3	11	—	16	10	2	2	8	8	3	1	6
6·5	1·87	0·90	26th	14	—	—	—	1	3	12	—	14	17	4	2	11	7	—	2	5
7·0	1·09	0·45	27th	8	—	—	—	—	5	16	—	11	23	5	1	10	5	1	1	3
5·1	0·97	0·35	10th	7	—	—	2	3	5	3	—	—	18	—	1	17	11	4	—	11
3·1	0·28	0·12	2nd	4	—	—	2	2	13	1	—	3	19	1	1	11	21	2	—	2
1·5	—	—	—	—	—	—	—	2	21	—	—	8	30	8	—	5	8	2	—	1
3·3	2·12	1·01	7th	8	—	—	6	—	11	3	—	14	29	7	1	6	4	—	1	—
3·3	0·39	0·35	28th	2	—	—	2	1	10	2	—	4	20	5	2	6	21	—	—	2
4·7	2·19	0·70	14th	9	—	—	1	—	8	8	—	4	17	10	1	9	14	—	—	7
6·7	3·97	1·80	1st	12	—	—	—	2	4	12	—	10	33	9	2	2	2	—	—	2
7·5	1·54	0·23	16th	16	—	1	—	—	3	17	—	16	20	5	7	4	3	2	—	5
5·1	18·77	1·80	1st Nov.	107	13	1	13	22	93	98	—	112	250	71	22	92	111	17	5	50

Long. 31° 1′ 0″ E. Height of Barometer Cistern above Sea, 460 feet.

Mean Amount of Cloudiness.	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
5·0	7·77	3·42	10th	17	—	1	3	—	6	5	—	14	5	5	1	—	2	10	22	3
4·5	4·01	0·61	22nd	12	—	2	3	—	7	3	—	4	—	5	2	5	1	13	24	2
3·5	1·60	0·63	9th	10	—	—	3	—	12	4	—	4	2	2	1	2	8	28	13	2
4·5	2·90	0·60	15th	13	—	1	1	—	8	4	—	—	—	3	4	1	16	31	3	2
2·5	1·68	1·21	3rd	3	—	2	3	—	16	1	—	1	—	—	2	—	4	40	11	4
4·5	10·46	3·04	12th	11	—	2	6	—	7	5	—	9	16	13	5	—	2	4	3	8
5·0	8·54	1·49	15th	18	—	—	6	—	3	2	—	7	3	11	3	—	2	13	14	9

Long. 32° 53′ 0″ E. Height of Barometer Cistern above Sea, 5,720 feet.

Mean Amount of Cloudiness.	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
0·5	—	—	—	—	—	—	—	—	19	—	—	2	1	—	1	2	3	14	8	11
1·0	0·65	0·36	22nd	4	—	—	—	—	24	—	—	11	2	—	—	3	3	16	12	15
1·0	—	—	—	—	—	—	—	—	26	—	—	1	1	1	3	6	10	11	7	22
1·5	1·50	1·24	23rd	2	—	2	—	—	22	—	—	9	4	—	—	3	12	6	10	16
2·5	0·23	0·20	13th	2	—	—	—	—	10	1	—	1	—	—	—	2	19	5	4	5

Annual Abstract of Meteorological Observations taken

FORT NAPIER, NATAL. **Lat. 29° 35′ S.**

Month.	Mean Pressure—Corrected and reduced to 32° Fahrenheit.	Air Temperature.								Tension of Vapour.	Relative Humidity.		
		Mean at 9 a.m.	Mean daily.	Means of		Abs. Min.		Abs. Max.			Per Cent.	Min.	
				Min.	Max.	Temp.	Day.	Temp.	Day.		Mean.	Per Cent.	Day.
January -	27·618	76·4	73·9	62·4	85·4	54·0	2nd	95·5	12th	·589	65	38	11th
February -	27·664	75·0	73·9	62·9	84·9	57·2	2nd	98·0	1st	·597	64	36	20th
March -	27·605	76·1	74·6	62·0	87·2	57·2	6th	98·0	7th	·576	65	35	10th
April -	27·719	65·9	65·0	51·7	78·3	45·0	11th	90·0	7th	·428	66	42	10th
May -	27·744	61·4	61·2	48·1	74·3	40·0	21, 30th	82·5	1st	·392	63	31	1st
June -	27·747	58·5	58·8	44·4	73·2	38·2	5th	85·8	24th	·324	59	37	15th
July -	27·775	59·9	59·3	44·1	74·5	34·8	21st	83·6	24th	·322	57	31	2nd
August -	27·663	64·5	62·6	47·4	77·8	35·2	18th	94·2	13th	·367	59	34	13th
September	27·679	63·4	62·8	51·6	74·0	44·0	11th	95·8	25th	·406	69	40	13th
October -	27·588	68·3	68·0	55·8	80·2	43·0	13th	100·0	22nd	·521	70	36	8, 28th
November	27·638	74·9	70·2	55·2	85·2	50·0	1st	104·2	1st	·538	62	33	10th
December	27·600	73·2	71·4	58·5	84·3	51·0	9th	97·0	23rd	·548	66	36	18th
Year -	27·670	68·1	66·8	53·7	79·9	34·8	21st July.	104·2	1st Nov.	·467	64	31	1 May 2nd July

SIERRA LEONE. **Lat. 8° 29′ 30″ N.**

January -	29·672	79·8	80·5	72·9	88·1	67·0	21st	90·9	30th	·739	66	32	30th
February -	29·691	81·5	81·4	74·5	88·3	70·0	1st	91·6	9th	·781	68	43	7th
March -	29·690	79·8	80·4	73·6	87·2	70·0	21st	93·0	13th	·730	68	46	24th
April -	29·676	83·6	82·4	75·4	89·4	71·0	23rd	92·7	16th	·784	66	53	4th
May -	29·695	82·9	81·3	74·0	88·6	70·0	19, 27, 30	92·4	9th	·812	72	58	7th
June -	29·732	82·0	79·6	72·8	86·4	66·0	4th	89·8	2nd	·829	75	59	3rd
July -	29·753	78·7	79·1	73·2	85·0	70·8	16, 25th	87·4	8, 17th	·810	81	61	28th
August -	29·775	77·3	77·6	72·2	83·0	70·4	7th	87·4	6th	·818	84	62	6, 20th
September	29·751	79·0	79·0	72·4	85·6	68·6	11th	91·0	29th	·829	80	63	25th
October -	29·739	80·9	79·9	72·2	87·6	68·0	23rd	90·5	27th	·840	77	59	5th
November	29·735	81·6	80·8	73·9	87·7	70·0	10, 24th	91·0	29th	·841	74	56	25th
December	29·717	80·8	80·9	73·3	88·5	70·0	21st	92·0	15th	·817	71	49	15th
Year -	29·721	80·7	80·2	73·3	87·1	66·0	4th June.	93·0	13th March.	·802	73	32	30th Jan.

BARBADOS. **Lat. 13° 7′ 39″ N.**

January -	30·015	78·9	74·2	64·0	84·4	62·6	15th	86·2	20, 21st	·678	64	52	27th
February -	30·110	79·3	73·3	61·5	85·1	59·0	21st	86·6	10, 16th	·599	56	34	4th
March -	30·059	79·9	74·0	62·4	85·6	52·0	10th	87·2	3, 28, 29	·621	57	38	10th
April -	30·076	82·1	75·6	64·7	86·5	62·4	1, 16th	87·8	20th	·658	57	47	9th
May -	30·041	84·8	77·9	67·0	88·8	60·4	22nd	91·0	26th	·703	59	47	27th
June -	30·127	84·4	78·1	67·4	88·8	64·6	11, 23rd	90·6	13th	·737	60	46	28th
July -	30·102	83·1	77·5	67·1	87·9	64·0	21st	90·4	13th	·743	63	51	7, 9th
August -	30·062	84·1	77·8	67·2	88·1	65·0	24th	91·0	31st	·768	63	51	27th
September	30·027	84·5	77·1	66·4	87·8	63·0	29th	91·0	6th	·808	68	52	5th
October -	30·003	82·5	75·9	65·5	86·3	63·0	11th	88·6	25th	·779	69	55	2nd
November	30·004	82·0	75·5	64·8	86·2	61·4	24th	88·0	1, 4, 5, 10	·748	68	49	17th
December	30·016	81·3	75·1	64·3	85·9	60·8	23rd	88·0	20th	·792	72	57	13th
Year -	30·053	82·2	76·0	65·2	86·8	52·0	10th March.	91·0	26 May 31 Aug. 6 Sept.	·720	63	34	4th Feb.

XIII.—*continued.*

Netley and Abroad Stations in the Year 1894.

g. 30° 2′ 0″ E. Height of Barometer Cistern above Sea, 2,220 feet.

Rainfall.			Weather.								Wind.								
			Number of Days of								Number of Observations under each Point per Month.								
Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
·56	2·92	31st	12	—	1	5	1	4	4	—	—	5	4	1	—	1	1	—	50
·32	1·60	10th	11	—	—	4	—	5	1	—	1	1	4	1	1	—	—	—	48
·89	1·50	11th	16	—	—	4	5	8	3	—	—	2	3	3	—	—	—	—	54
·58	0·50	2nd	9	—	—	1	—	10	5	—	—	2	4	—	—	3	—	—	51
·99	1·15	9th	8	—	—	2	—	13	4	—	—	—	3	1	1	—	—	1	56
·26	0·12	25th	3	—	—	—	—	16	4	—	—	1	3	—	—	1	—	1	54
·03	0·01	12, 27 28	3	—	—	—	—	14	2	—	—	6	5	—	1	—	1	—	49
·73	0·37	16th	4	—	—	2	—	16	4	—	—	1	7	—	—	—	3	—	51
·90	1·60	8th	16	—	1	3	—	5	3	—	—	4	5	1	—	3	—	—	47
·99	0·50	26th	16	—	1	3	—	7	3	—	—	—	4	3	—	1	—	—	54
·60	0·60	25th	14	—	—	5	—	5	3	—	—	—	1	2	—	2	—	—	55
·33	2·20	19th	15	—	1	1	—	5	3	—	†	—	—	—	—	—	—	—	—
·09	2·92	31st Jan.	127	—	4	30	6	108	39	—	—	—	—	—	—	—	—	—	—

† Anemometer out of order during December.

g. 13° 9′ 17″ W. Height of Barometer Cistern above Sea, 224 feet.

·33	0·33	5th	1	—	—	1	—	2	—	—	7	3	13	7	11	5	10	—	6
—	—	—	—	—	—	—	—	5	—	—	3	2	6	1	11	6	19	—	8
·18	0·08	11th	4	—	—	—	—	5	—	—	1	—	4	2	18	8	23	1	5
·32	1·15	22nd	5	—	—	5	—	1	—	—	1	—	8	1	13	4	21	2	10
·06	3·06	13th	21	—	—	13	—	1	—	—	2	1	12	4	11	6	13	1	12
·80	4·71	7th	22	—	—	10	—	—	—	—	6	2	11	—	9	3	13	1	15
·10	6·37	23rd	25	—	—	3	—	1	—	—	3	1	4	1	9	6	21	3	14
·91	5·86	29th	24	—	—	2	—	—	—	2	4	1	4	2	13	7	22	2	7
·73	6·57	3rd	24	—	—	9	—	1	—	—	3	—	5	1	12	5	18	2	14
·84	1·58	4th	23	—	—	21	—	—	—	—	4	—	10	1	9	8	14	2	14
·31	1·57	29th	11	—	—	9	—	—	—	1	3	2	14	9	6	7	9	1	9
·42	1·36	2nd	3	—	—	2	—	—	—	—	5	2	16	6	8	6	8	—	11
5·00	6·57	3rd Sept.	163	—	—	75	—	16	—	3	42	14	107	35	130	71	191	15	125

g. 59° 40′ 8″ W. Height of Barometer Cistern above Sea, 30⅔ feet.

·18	0·41	2nd	17	—	—	—	—	—	—	—	1	41	17	3	—	—	—	—	—
·85	0·62	20th	15	—	—	—	—	—	—	—	1	53	2	—	—	—	—	—	—
·12	0·50	4th	14	—	—	—	—	3	—	—	2	40	11	1	—	—	—	4	4
·89	1·32	17th	7	—	—	—	—	1	—	—	—	42	4	12	2	—	—	—	—
·50	0·13	2nd	8	—	—	—	—	1	—	—	—	25	9	25	1	—	—	—	2
·40	0·78	30th	18	—	—	—	—	—	—	—	—	41	10	9	—	—	—	—	—
·83	1·65	20th	17	—	—	—	—	1	—	—	—	43	14	5	—	—	—	—	—
·45	0·96	6th	13	—	—	—	—	—	—	—	—	47	11	4	—	—	—	—	—
·62	2·29	19th	23	—	—	—	—	—	1	—	—	27	18	8	—	1	—	1	5
·93	3·19	12th	17	—	—	2	—	—	1	—	—	22	13	23	2	—	—	—	2
·24	1·26	13th	20	—	—	—	—	—	1	—	—	35	14	9	2	—	—	—	—
·23	0·36	5th	15	—	—	—	—	—	1	—	—	24	10	17	7	—	—	—	4
·24	3·19	12th Oct.	184	—	—	2	—	6	4	—	4	440	133	116	14	1	—	5	17

Appe

Annual Abstract of Meteorological Observations ta

UP PARK CAMP, JAMAICA. Lat. 17° 59

Month.	Mean Pressure—Corrected and reduced to 32° Fahrenheit.	Air Temperature									Tension of Vapour.	Relati Humidi	
		Mean at 9 a.m.	Mean daily.	Means of		Abs. Min.		Abs. Max.				Per Cent.	M
				Min.	Max.	Temp.	Day.	Temp.	Day.			Mean.	Per Cent.
January -	29·792	80·2	77·8	64·7	90·9	61·0	29th	94·5	6th		·630	59	37
February -	29·829	81·0	77·1	64·8	89·4	62·0	2, 5th	94·5	4, 5th		·607	57	42
March -	29·791	82·0	77·1	65·2	89·0	59·0	7th	93·5	28th		·571	54	42
April -	29·775	83·9	80·1	68·2	92·0	65·5	16th	95·0	29th		·662	58	45
May - -	29·698	83·5	80·3	71·2	89·4	67·0	2nd	93·5	10, 12, 14 15.		·734	60	51
June - -	29·767	85·6	81·7	71·1	92·3	68·0	14th	99·0	11th		·737	81	60
*July -	29·768	87·8	83·0	71·6	94·4	70·5	23, 29	96·0	29th		·722	55	44
August -	29·793	87·2	81·8	70·8	92·8	67·0	24th	97·5	17th		·679	58	41
September	29·734	87·7	83·6	72·5	94·7	70·0	18th	99·5	21st		·745	58	44
October -	29·697	83·4	81·1	70·5	91·7	66·0	24th	96·5	31st		·770	68	51
November	29·783	85·0	82·0	70·0	94·0	67·0	24th	97·0	16th		·762	61	52
December-	29·780	80·4	78·2	66·1	90·2	61·0	29th	95·5	12th		·657	61	45
Year -	29·767	84·2	80·3	68·9	91·7	59·0	7th Mar.	99·5	21st Sept.		·690	61	37

* 22 days only. Observatory in hands of R.E. Dept.

NEWCASTLE, JAMAICA. Lat. 18° 0′ 6

January -	6·337	No instruments.	65·0	50·5	79·5	43·5	19th	86·8	30th	No instrume		
February -	26·365		64·6	50·3	78·9	47·5	10th	85·6	16th			
March -	26·327		64·2	49·0	79·4	44·8	9th	86·0	4th			
April -	26·320		†	51·5	†	50·0	9th	†	—			
May -	26·301		65·0	53·6	76·4	46·2	29th	84·0	26th			
June -	26·320		68·2	54·9	81·5	53·0	30th	85·6	22nd			
July -	26·327		68·2	54·7	81·7	52·2	24th	85·2	18th			
August -	26·335		68·5	55·3	81·7	53·0	7th	87·0	19th			
September	26·328		68·3	55·7	80·9	53·2	26th	86·0	19th			
October -	26·327		66·9	54·5	79·3	50·8	24th	85·0	28th			
November-	26·342		67·0	54·2	79·8	52·2	30th	84·4	5th			
December -	26·326		63·2	50·6	75·6	46·5	23rd	83·2	14th			
Year -	26·330	—	60·8	52·9	72·9	43·5	19th Jan.	87·0	19th Aug.	—	—	—

† Maximum thermometer out of order.

ST. LUCIA. Lat. 14° 0′ 13

January -	29·200	74·8	74·5	68·4	80·6	66·4	17th	83·8	22nd	·653	74	59
February -	29·255	74·6	73·9	67·4	80·4	65·0	26th	82·6	8th	·601	68	58
March -	29·231	75·5	74·1	67·4	80·8	64·0	8th	83·4	13, 14th	·600	65	53
April -	29·201	76·9	75·7	69·5	81·9	67·0	1, 2nd	84·0	26th	·650	68	50
May- -	29·169	79·5	78·5	72·6	84·4	70·6	5, 9th	87·2	22nd	·730	69	57
June -	29·234	79·1	77·8	71·7	83·9	69·0	11th	86·4	13th	·720	70	49
July -	29·235	78·9	77·5	71·4	83·6	68·2	5th	85·6	28th	·725	72	57
August -	29·194	80·0	78·5	72·3	84·7	67·2	21st	86·8	31st	·752	72	55
September	29·171	80·8	78·6	72·2	85·0	63·0	14th	88·6	14th	·769	71	59
October -	29·151	78·7	77·4	70·9	83·9	68·0	24th	85·8	11, 29th	·753	75	61
November-	29·171	78·6	77·3	71·1	83·5	68·2	5th	86·4	20th	·737	73	58
December-	29·161	77·2	76·4	70·1	82·7	67·4	30th	85·2	21st	·692	75	58
Year -	29·198	77·9	76·7	70·4	82·9	63·0	14th Sept.	88·6	14th Sept.	·698	71	50

No. XIII.—*continued.*

at Netley and Stations Abroad in the Year 1894.

Long. 76° 56′ W. Height of Barometer Cistern above Sea, 245 feet.

Mean Amount of Cloudiness.	Rainfall.			Weather.								Wind.								
				Number of Days of								Number of Observations under each Point per Month.								
	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
3·0	0·18	0·07	14th	6	—	—	—	—	7	1	2	1	7	—	20	3	4	1	3	23
3·5	0·93	0·44	17th	9	—	—	—	—	5	—	4	2	—	2	25	2	2	2	1	20
3·5	0·90	0·75	11th	7	—	—	—	—	6	—	—	1	4	1	30	1	7	—	1	17
4·5	2·20	0·68	18th	11	—	—	—	—	1	—	1	1	3	—	27	3	3	—	—	23
5·5	10·68	3·22	18th	17	—	—	1	—	1	4	—	2	1	—	28	3	1	1	—	26
3·5	1·62	0·90	24th	8	—	—	—	—	8	1	—	—	1	—	31	2	—	—	1	25
4·5	1·29	0·72	5th	5	—	—	4	—	1	—	—	—	1	—	18	3	1	—	—	21
4·6	1·91	0·68	24th	9	—	—	3	—	3	—	—	—	—	1	23	3	—	—	—	35
4·0	2·09	0·59	23rd	15	—	—	5	—	2	1	—	—	2	—	27	3	—	—	—	28
4·8	14·04	4·90	18th	17	—	—	3	—	3	3	—	—	—	—	15	1	—	—	—	46
3·5	1·48	0·85	4th	11	—	—	—	—	4	—	—	—	—	—	6	—	—	—	—	54
3·8	2·25	1·40	6th	7	—	—	1	—	—	1	—	2	3	1	9	1	1	—	—	45
4·0	39·57	4·90	18th Oct.	122	—	—	17	—	41	11	7	9	22	5	259	25	19	4	6	363

Long. 72° 0′ 42″ W. Height of Barometer Cistern above Sea, 3,800 feet.

Mean Amount of Cloudiness.	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
4·8	1·04	0·30	31st	9	—	—	—	—	4	4	4	13	9	9	—	—	—	—	8	23
5·5	3·39	2·10	16th	11	—	—	—	—	11	—	—	6	7	7	3	—	1	—	2	30
5·4	3·30	2·12	24th	6	—	—	—	—	2	3	1	4	6	2	8	—	1	—	6	35
6·7	6·36	2·20	26th	17	—	—	—	—	1	4	2	7	5	2	2	—	—	—	6	38
7·5	10·99	4·22	18th	17	—	—	3	—	—	11	4	5	3	9	17	—	—	—	2	26
5·1	0·61	0·18	19th	5	—	—	—	—	2	3	1	7	4	10	6	—	—	—	4	29
5·3	3·39	1·14	19th	10	—	—	7	—	1	4	1	3	5	11	6	—	—	—	1	36
5·3	1·32	1·22	22nd	13	—	—	1	—	1	3	1	5	6	6	5	—	1	—	5	34
5·2	11·94	4·11	18th	21	—	—	4	—	—	2	3	6	6	7	12	—	—	—	2	27
6·5	21·34	4·65	2nd	27	—	—	2	—	—	6	2	2	3	4	18	—	2	—	—	33
5·9	4·16	0·90	27th	18	—	—	—	—	—	2	1	5	8	13	4	—	1	—	—	29
6·1	9·81	2·38	6th	23	—	—	—	—	—	4	1	15	11	8	5	—	—	—	1	22
5·8	77·64	4·65	2nd Oct.	177	—	—	17	—	23	46	21	78	73	88	86	—	6	—	37	362

Long. 61° 0′ 25″ W. Height of Barometer Cistern above Sea, 744 feet.

Mean Amount of Cloudiness.	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
6·0	6·04	0·71	16th	25	—	—	—	—	1	2	—	3	34	19	3	—	—	—	—	3
5·5	4·11	0·95	19th	18	—	—	—	—	—	—	—	4	37	2	7	1	—	—	—	5
5·6	5·89	2·93	20th	20	—	—	—	—	1	3	—	2	24	6	20	—	2	2	6	—
5·5	2·88	0·91	18th	15	—	—	—	—	—	3	—	7	2	43	—	—	—	—	2	6
6·5	2·71	0·69	24th	17	—	—	—	—	—	4	—	—	7	2	53	—	—	—	—	—
6·8	7·79	1·52	30th	25	—	—	—	—	—	8	—	1	17	6	28	—	—	—	—	8
6·5	5·76	1·11	15th	28	—	—	—	—	—	6	—	—	27	9	18	1	—	—	—	7
6·6	5·46	1·09	22nd	23	—	—	—	—	—	8	—	—	17	9	12	1	—	—	—	23
6·5	7·14	1·16	28th	25	—	—	—	—	—	9	—	—	1	1	25	2	—	—	—	31
6·7	21·09	5·62	12th	20	—	—	2	1	1	10	1	—	—	—	—	—	—	—	—	—*
5·8	7·83	1·20	2nd	26	—	—	—	—	—	3	—	—	12	5	3	—	—	—	—	—†
6·1	4·85	0·80	20th	19	—	—	—	—	1	5	—	3	30	7	16	2	—	—	1	3
6·2	81·55	5·62	12th Oct.	261	—	—	2	1	4	61	1	—	—	—	—	—	—	—	—	—

* Anemometer blown down by gale. † Wind observations taken on 10 days only.

Appendix.

Annual Abstract of Meteorological Observations taken

BERMUDA. Lat. 32° 17′ 40″ N.

Month.	Mean Pressure corrected and reduced to 32° Fahrenheit.	Air Temperature.								Tension of Vapour.	Relative Humidity.		
		Mean at 9 a.m.	Mean Daily.	Means of		Abs. Min.		Abs. Max.			Per Cent.	Min.	
				Min.	Max.	Temp.	Day.	Temp.	Day.		Mean.	Per Cent.	Day.
January -	29·942	63·8	63·3	59·1	67·5	50·1	14th	72·3	2nd	·488	79	59	31st
February	30·054	63·2	62·3	57·6	67·0	49·0	7th	72·0	15, 21st	·467	76	59	1st
March -	29·900	65·7	67·6	66·0	69·2	52·2	5th	75·6	23th	·497	77	58	3, 15th
April -	29·916	65·1	63·6	58·5	68·7	54·5	14th	74·0	9th	·466	74	58	8th
May -	29·976	76·6	69·1	63·0	75·2	55·5	2nd	80·5	19, 25th	·579	74	52	24th
June -	30·067	76·3	74·3	69·1	79·5	63·0	17th	84·0	25th	·728	78	59	15,16
July -	30·073	80·7	78·4	72·5	84·3	70·2	16th	88·3	31st	·851	79	69	1,4,6
August -	29·963	82·6	79·7	73·5	85·9	71·0	24th	89·4	7th	·849	75	59	16th
September	29·951	80·4	78·3	73·2	83·4	69·0	29th	86·3	3, 21st	·788	75	64	8th
October -	29·848	76·1	74·7	70·6	78·8	65·0	28th	85·6	11th	·724	80	65	3, 19
November	30·006	70·1	69·4	65·3	73·5	55·5	27th	80·5	5th	·623	82	67	27th
December	29·960	64·6	64·0	59·9	68·1	51·2	30th	74·4	5th	·516	82	64	4th
Year -	29·895	72·1	70·4	65·7	75·1	49·0	7th Feb.	89·4	7th Aug.	·631	78	52	24th May

FORT CANNING, SINGAPORE. Lat. 1° 16′ N.

Month.	Mean Pressure corrected and reduced to 32° Fahrenheit.	Mean at 9 a.m.	Mean Daily.	Means of Min.	Means of Max.	Abs. Min. Temp.	Abs. Min. Day.	Abs. Max. Temp.	Abs. Max. Day.	Tension of Vapour.	Relative Humidity Per Cent. Mean.	Min. Per Cent.	Min. Day.
January -	29·729	79·1	78·7	71·6	85·8	68·8	10th	91·6	24th	·775	77	58	21st
February	29·753	81·6	80·2	72·2	88·2	70·0	3, 4th	91·3	26th	·794	72	63	8,17,19
March -	29·733	83·4	81·3	73·4	89·2	70·0	2nd	92·2	4, 6th	·831	70	54	26th
April -	29·709	84·8	82·0	74·3	89·7	73·0	10, 17th	92·6	18th	·851	69	53	18th
May -	29·702	85·5	82·5	74·4	90·6	70·8	5th	94·6	15th	·876	71	56	15th
June -	29·699	83·4	81·6	74·8	88·4	71·0	15th	92·9	1st	·875	74	62	18, 20, 26th
July -	29·728	83·6	81·9	74·6	89·2	70·0	9, 10th	92·3	22nd	·859	72	47	22nd
August -	29·712	82·7	81·2	74·7	87·7	69·0	19th	92·2	23rd	·867	74	59	23rd
September	29·723	83·9	81·4	72·8	90·0	69·0	28th	92·9	8th	·885	73	59	26th
October -	29·712	84·2	81·6	73·7	89·5	70·8	1st	92·6	19th	·854	71	56	8th
November	29·724	84·4	82·2	75·2	89·2	70·8	16th	93·0	23rd	·853	72	62	6, 13, 18th
December	29·755	80·6	80·7	74·0	87·4	70·3	23rd	90·4	2, 26th	·781	72	59	21st
Year -	29·723	83·1	81·3	73·8	88·8	68·8	10th Jan.	94·6	15th May	·825	72	47	22nd July

. XIII.—*continued.*

Netley and Stations Abroad in the Year 1894.

ıg. 64° 47′ W. Height of Barometer Cistern above Sea, 151 feet.

Rainfall.			Weather.								Wind.								
			Number of Days of								No of Observations under each Point per Month.								
Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
5·81	1·12	16th	21	—	—	1	—	—	13	—	15	—	2	1	11	7	12	7	7
3·20	0·86	6th	16	—	—	—	—	—	6	—	10	3	2	1	12	9	3	5	11
2·96	0·74	1st	11	—	—	—	—	2	6	—	16	3	—	1	9	14	3	2	14
2·58	0·52	12th	—	—	—	1	—	2	6	—	11	4	3	2	11	5	8	9	7
5·77	3·48	28th	9	—	—	1	—	1	4	—	6	6	8	4	14	7	5	2	10
2·98	0·80	12th	10	—	—	—	—	—	6	—	7	1	7	7	21	8	—	—	9
4·20	0·98	14th	18	—	—	—	—	—	4	—	4	2	—	6	20	14	3	4	9
4·55	0·81	14th	22	—	—	4	—	—	6	—	2	2	4	8	4	23	4	3	12
9·27	3·48	28th	18	—	—	3	—	2	6	—	5	11	14	7	6	5	—	—	12
8·67	3·26	24th	20	—	—	1	—	—	13	1	2	16	4	1	11	10	4	5	9
3·29	0·82	9th	18	—	—	1	—	2	6	—	5	11	1	1	11	7	—	10	14
6·08	2·89	6th	15	—	—	—	--	3	9	—	12	14	3	1	4	8	2	3	15
9·36	3·48	28May 28th Sept.	178	—	—	12	—	12	85	1	95	73	48	40	134	117	44	50	129

ng. 103° 53′ E. Height of Barometer Cistern above Sea, 110 feet.

9·06	1·38	1st	15	—	—	7	—	—	14	—	24	35	—	—	1	—	—	2	—
0·87	0·60	8th	5	—	—	2	—	—	6	—	18	38	—	—	—	—	—	—	—
.3·24	5·05	13th	12	—	—	11	—	—	16	—	22	17	2	7	2	5	—	7	—
5·41	1·40	25th	13	—	—	23	—	—		—	14	8	—	14	15	4	—	5	—
5·38	2·50	2nd	10	—	—	21	—	—	9	—	2	2	—	2	23	22	5	6	—
9·80	1·50	8th	20	—	—	12	—	—	20	—	3	2	—	30	20	—	5	—	—
5·84	3·60	29th	12	—	—	4	—	—	9	—	10	1	—	9	26	14	2	—	—
.1·12	3·66	11th	10	—	—	9	—	—	14	—	—	—	—	26	23	7	5	1	—
6·29	1·50	19th	14	—	—	12	—	—	8	—	—	—	—	31	11	14	2	2	—
3·05	1·00	1,27th	10	—	—	4	—	—	10	—	1	1	—	19	10	10	15	6	—
9·92	2·25	11th	14	—	—	5	—	—	9	—	13	9	—	5	3	3	3	24	—
9·59	2·00	1,15th	14	—	—	7	—	—	9	—	8	53	—	1	—	—	—	—	—
39·60	5·05	13th Mar.	149	—	—	117	—	—	130	—	115	166	2	144	134	79	37	53	—

Appendix

Annual Abstract of Meteorological Observations taken

HONG KONG. **Lat. 22° 16′ 20″ N.**

Month.	Mean Pressure — corrected and reduced to 32° Fahrenheit.	Air Temperature.								Tension of Vapour.	Relative Humidity.		
		Mean at 9 a.m.	Mean daily.	Means of		Abs. Min.		Abs. Max.			Per Cent.	Minimum.	
				Min.	Max.	Temp.	Day.	Temp.	Day.		Mean.	Per Cent.	Day.
January -	30·089	62·3	61·3	56·0	66·6	43·5	11th	78·0	25th	·441	76	50	9th
February -	30·178	63·2	63·2	57·1	69·3	43·0	1st	81·5	11th	·444	77	59	2nd
March -	30·051	67·3	65·3	60·2	70·4	51·0	10th	81·5	31st	·513	75	62	22nd
April -	29·945	75·8	74·6	68·6	80·6	61·0	8th	86·5	23rd	·707	78	62	1, 2nd
May -	29·781	80·0	79·9	75·4	84·4	69·5	26th	92·5	7th	·822	79	60	3rd
June -	29·721	83·4	82·5	71·7	87·3	73·0	11th	94·5	28th	·921	81	64	8th
July -	29·744	85·0	83·9	79·1	88·7	74·0	14, 16th	93·5	1st	·949	78	65	3, 6th
August -	29·720	84·4	83·6	78·9	88·3	75·0	11, 15th	94·5	3rd	·962	81	65	22, 33 30th
September	29·768	84·3	83·5	78·5	88·5	75·0	23, 25th	93·5	17th	·924	80	65	9th
October -	29·959	77·9	77·3	71·4	83·2	64·5	29th	89·5	3rd	·705	73	59	17th
November	30·107	73·2	72·0	65·2	79·8	58·5	4th	86·0	22nd	·544	67	51	4th
December	30·156	64·8	64·4	58·4	70·4	49·0	18th	77·5	24, 25th	·438	71	49	18th
Year -	29·935	75·1	74·4	68·4	79·8	43·0	1st Feb.	94·5	28 June 3 Aug.	·696	76	49	18th Dec.

SANITARIUM, HONG KONG. **Lat. 22° 16′ 20″ N.**

Month.	Mean Pressure — corrected and reduced to 32° Fahrenheit.	Mean at 9 a.m.	Mean daily.	Means of Min.	Means of Max.	Abs. Min. Temp.	Abs. Min. Day.	Abs. Max. Temp.	Abs. Max. Day.	Tension of Vapour.	Relative Humidity Mean.	Minimum Per Cent.	Minimum Day.
January -	No instruments.									No instruments.			
February -													
March -													
April -													
May -													
*June -			79·2	73·0	85·6	72·0	23, 27th	90·5	28th				
July -			79·0	72·5	85·5	67·0	17th	89·5	10, 11th				
August -			79·2	74·0	84·4	69·0	11th	90·0	24th				
September			77·9	72·0	83·8	70·0	30th	87·5	16, 18th				
October -			71·3	63·7	78·9	57·0	27th	85·0	4th				
November			66·1	57·8	74·4	50·5	6th	81·0	27th				
†December			60·7	52·8	68·6	45·5	11th	75·5	1st				

* 1 days only—21st to 30th inclusive.

† 13 days only. Observatory closed on 13th December.

No. XIII.—*continued.*

at Netley and Stations Abroad in the Year 1894.

Long. 114° 8′ 16″ E. Height of Barometer Cistern above Sea, 18 feet.

Mean Amount of Cloudiness.	Rainfall.			Weather.								Wind.								
				Number of Days of								Number of Observations under each Point per Month.								
	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder Storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	NW.	Calm.
6·2	0·82	0·23	30th	7	—	—	—	—	4	13	—	8	15	14	2	—	1	2	11	9
4·1	0·61	0·24	4th	7	—	—	—	—	9	5	—	2	14	18	6	—	—	—	3	13
4·6	0·29	0·09	8th	5	—	—	—	—	8	5	—	2	16	19	3	—	2	1	3	16
5·1	3·27	1·52	6th	8	—	—	—	—	2	9	—	1	13	19	10	1	1	2	2	11
7·0	21·90	5·00	17th	18	—	—	5	—	2	15	—	1	13	21	8	—	6	2	2	9
6·5	19·49	3·05	9th	20	—	—	—	—	3	10	—	—	5	9	16	—	9	7	5	9
5·9	10·47	1·64	14th	20	—	—	1	—	2	5	—	—	9	16	10	2	5	3	4	13
5·4	19·39	5·90	10th	15	—	—	1	—	8	11	—	—	10	7	5	4	15	8	3	10
5·8	22·81	4·33	24th	19	—	—	1	—	4	7	8	1	16	18	9	—	6	1	2	7
3·8	17·82	11·10	5th	5	—	—	—	—	14	4	2	7	24	10	4	—	2	—	1	14
3·1	0·09	0·04	4th	3	—	—	—	—	15	4	—	3	22	16	8	—	3	2	—	6
5·0	0·84	0·19	26, 29	8	—	—	—	—	9	9	—	5	15	12	10	—	1	—	3	16
5·2	117·80	11·10	5th Oct.	135	—	—	8	—	80	97	10	30	172	179	91	7	51	28	39	133

Long. 114° 9′ 16″ E. Height of Barometer Cistern above Sea, 911 feet.

5·4	3·43	1·27	23rd	8	—	—	—	—	—	1	—	—	4	1	5	5	1	—	—	4
4·9	9·22	1·42	14th	15	—	—	—	—	2	5	—	—	8	4	12	17	2	—	—	19
6·5	18·54	4·76	10th	15	—	—	1	—	2	10	—	1	6	2	15	—	16	—	1	21
6·0	19·61	3·90	29th	17	—	—	—	—	3	8	—	1	11	5	8	—	4	4	12	15
5·1	18·99	11·04	5th	9	—	—	—	—	3	5	1	3	46	4	8	1	—	—	—	—
4·1	0·11	0·04	2nd	4	—	—	—	—	9	4	—	9	43	8	—	—	—	—	—	—
3·9	0·08	0·04	5th	3	—	—	—	—	1	1	—	4	13	4	—	—	—	—	—	5

Appen

Summary of Results of Meteorological Observati

s.	Altitude, above Sea level.	Latitude.	Longitude.	Mean Daily Air Temp.	Air Pressure corrected and reduced to 32° F.	Air Temperature.							Tension of Vapour.	Relative Hum	
						Mean, 9 a.m.	Means of		Abs. Min.		Abs. Max.			Per Cent.	Mi
							Min.	Max.	Temp.	Date.	Temp.	Date.		Mean.	Per Cent.
ean:	ft.	° ′ ″	° ′ ″												
' -	53	36 6 20 N.	5 20 53 W.	64·4	30·021	62·9	58·2	70·5	40·4	4 Jan.	90·2	8 July	·473	76	40
-	112	35 53 49 N.	14 30 54 E.	67·2	29·793	68·0	63·0	71·4	43·4	3 Jan.	93·4	5 Sept.	·528	73	43
-	60	41 0 0 N.	29 3 0 E.	57·8	29·904	57·3	49·1	66·5	21·0	23 Feb.	102·4	28 July	·371	69	28
edia	460	34 42½ 0 N.	30 1 0 E.												
s -	5,720	34 54 0 N.	32 53 0 E.												
Fort	2,220	29 35 0 S.	30 2 0 E.	66·8	27·670	68·1	53·7	79·9	34·8	21 July	104·2	1 Nov.	·467	64	31
ne -	224	8 29 30 N.	13 9 17 W.	80·2	29·721	80·7	73·3	87·1	66·0	4 June	93·0	13 Mar.	·802	73	32
es:															
s -	30⅜	13 7 39 N.	59 40 8 W.	76·0	30·053	82·2	65·2	86·8	52·0	10 Mar.	91·0	26 May 31 Aug. 6 Sept.	·720	63	34
rk	245	17 59 0 N.	76 56 0 W.	80·3	29·767	84·2	68·9	91·7	59·0	7 Mar.	99·5	21 Sept.	·690	61	37
le -	3,800	18 0 6 N.	76 0 42 W.	60·8	26·330	*	52·9	72·9	43·5	19 Jan.	87·0	19 Aug.	*	*	*
-	741	14 0 13 N.	61 0 25 W.	76·7	29·198	77·9	70·4	82·9	63·0	14 Sept.	88·6	14 Sept.	·698	71	50
-	151	32 17 40 N.	64 47 0 W.	70·4	29·895	72·1	65·7	75·1	49·0	7 Feb.	89·4	7 Aug.	·631	78	52
ning	110	1 16 0 N.	103 53 0 E.	81·3	29·723	83·1	73·8	88·8	68·8	10 Jan.	94·6	15 May	·825	72	47
ong -	18	22 16 20 N.	114 8 16 E.	74·4	29·935	75·1	68·4	79·8	43·0	1 Feb.	94·5	28 June 3 Aug.	·696	76	49
um -	911	22 16 20 N.	114 9 16 E.												

* No instruments.
Fort Napier anemometer out of order during December.
St. Lucia anemometer out of order October and November.

III.—*continued.*

at Stations Abroad in the Year 1894.

Rainfall.			Weather.								Wind.										No. of Mo in whic Observati were tak
			Number of Days of								Means of Observations under each Point per Month.										
Total.	Max.	Date.	Rain.	Snow.	Hail.	Thunder-storm.	Fog.	Clear Sky.	Overcast.	Gales.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.	
·39	3·66	30 Nov.	78	—	2	6	1	118	62	15	3	15	329	3	2	22	222	33	31	12 month
7·82	2·80	21 Feb.	96	—	6	21	—	25	23	—	17	62	23	43	1	21	13	50	500	12 „
·77	1·80	1 Nov.	107	13	1	13	22	93	98	—	112	250	71	22	92	111	17	5	50	12 „
																				7 „
																				5 „
9·09	2·92	31 Jan.	127	—	4	30	6	108	39	—	—	—	—	—	—	—	—	—	—	12 „
5·00	6·57	3 Sept.	163	—	—	75	—	16	—	3	42	14	107	35	130	71	191	15	125	12 „
9·24	3·19	12 Oct.	184	—	—	2	—	6	4	—	4	440	133	116	14	1	—	5	17	12 „
9·57	4·90	18 Oct.	122	—	—	17	—	41	11	7	9	22	5	259	25	19	4	6	363	12 „
7·64	4·65	2 Oct.	177	—	—	17	—	23	46	21	78	73	88	86	—	6	—	37	362	12 „
1·55	5·62	12 Oct.	261	—	—	2	1	4	61	1	—	—	—	—	—	—	—	—	—	12 „
9·36	3·48	28 May 28 Sept.	178	—	—	12	—	12	85	1	95	73	48	40	134	117	44	50	129	12 „
9·60	5·05	13 Mar.	149	—	—	117	—	—	130	—	115	166	2	144	134	79	37	53	—	12 „
7·80	11·10	5 Oct.	135	—	—	8	—	80	97	10	30	172	179	91	7	51	28	39	133	12 „
																				7 „

APPENDIX No. XIV.

THE PARKES MEMORIAL PRIZE.

Surgeon-Major-General J. Jameson, M.D., *President of Committee.*
Brigade-Surgeon-Lieut.-Colonel J. Lane-Notter, M.A., M.D., *Treasurer.*
Surgeon-Major R. H. Firth, F.R.C.S. Eng., *Secretary.*

Prize Essay Gold Medallists.

1883. Surgeon R. J. Polden, Indian Medical Service.
1886. Surgeon A. Duncan, M.D., Indian Medical Service.
1889. Surgeon R. H. Firth, F.R.C.S. Eng., Medical Staff.
1892. Surgeon-Captain R. H. Firth, F.R.C.S. Eng., Army Medical Staff.
1895. Surgeon-Major R. Ross, Indian Medical Service.

The following is the subject for the next prize:—

"The Etiology, Prevalence, and Prevention of Diphtheria."

The Prize is Seventy-five Guineas in Money and a Bronze Medal, and is awarded Triennially.

The Competition is open to all Medical Officers of the Army, Navy, and Indian Services of Executive Rank on full pay, with the exception of the Assistant Professors of the Army Medical School during their term of Office. Essays to be sent to the Secretary of the "Parkes Memorial Fund," Royal Victoria Hospital, Netley, on or before the 31st day of December 1897. Each Essay to have a Motto, and to be accompanied with a sealed envelope bearing the same Motto and containing the name of the Competitor.

APPENDIX No. XV.

THE ALEXANDER MEMORIAL FUND.

TRUSTEES.

Surgeon-Major-General Sir W. A. MACKINNON, K.C.B., Q.H.S., Director General.
Surgeon-Major-General J. Jameson, M.D.
Deputy-Surgeon-General W. G. DON, M.D.

COMMITTEE.

Surgeon-Major-General Sir W. A. MACKINNON, K.C.B., Q.H.S., Director-General, *President*.
Brigade-Surgeon-Lieutenant-Colonel A. F. S. CLARKE, M.D.
Brigade-Surgeon-Lieutenant-Colonel W. JOHNSTON, M.D.
Deputy-Surgeon-General W. G. DON, M.D.
Surgeon-Major W. G. A. BEDFORD, M.B., *Honorary Secretary*.

PRIZE ESSAY GOLD MEDALLISTS.

1870.	Assistant Surgeon A. B. R. MYERS, Coldstream Guards.
1873.	Surgeon F. H. WELCH, F.R.C.S. Eng., Medical Department.
1876.	Surgeon-Major J. H. PORTER, Medical Department.
1879.	Surgeon JOHN MARTIN, Medical Department.
1882.	Surgeon-Major F. H. WELCH, F.R.C.S. Eng., Medical Department.
1885.	Surgeon JOHN MARTIN, Medical Staff.
1888.	Surgeon R. H. FIRTH, F.R.C.S. Eng., Medical Staff.
1891.	Surgeon R. H. FIRTH, F.R.C.S. Eng., Medical Staff.
1894.	Surgeon Captain C. BIRT, Army Medical Staff.

At a meeting of the Committee held at 18, Victoria Street, S.W., on 26th April 1894, the prize of 50*l*. and Gold Medal of the value of 10*l*. was awarded to Surgeon-Captain C. Birt, Army Medical Staff, for the best Essay on "The Treatment of Wounds and Injuries of the Abdominal Viscera, as "likely to be met with in Military Practice."

The essays of the unsuccessful competitors will be returned on application to the Honorary Secretary before 31st December 1896. Those of the unsuccessful competitors on the former occasion have, in accordance with the rules, been destroyed.

The subject for the next competition is "Micro-organisms as Factors in "the Production of Phthisis; the Influence of Military Service upon the "Disease, and Suggestions for its Prevention in the Army."

Essays must reach the President of the Committee on or before 31st December 1896.

Essays are to be legibly written, superscribed with a brief motto, and accompanied by a sealed envelope similarly superscribed, containing the name and address of the author.

No essay shall exceed in length fifty pages of ordinary printed octavo, which may be estimated as amounting to 20,000 words. This limit is exclusive of tables which may be added in the form of appendices.

The competition is limited to executive officers of the Army Medical Staff on full pay; but Professors and Assistant Professors at Netley are not allowed to compete while so employed.

By order of the Committee,
W. G. A. BEDFORD, Surgeon-Major, *Hon. Sec.*

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